

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF SOUTH CAROLINA**

In re:

CAFE HOLDINGS CORP., *et al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 18-05837 (hb)

(Jointly Administered)

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

**Introduction**

Cafe Holdings Corp., Cafe Enterprises, Inc., CE Sportz LLC, and CES Gastonia LLC (collectively, the “**Debtors**”) with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the District of South Carolina (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statement of Financial Affairs (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publically filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of

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<sup>1</sup> The Debtors in these cases, along with the last four digits of each Debtor’s federal tax identification number, are: Cafe Holdings Corp. (7910); Cafe Enterprises, Inc. (4946); CE Sportz LLC (2009); and CES Gastonia LLC (0863). The location of the Debtors’ corporate headquarters is 4324 Wade Hampton Blvd., Suite B, Taylors, South Carolina 29687.

conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Schedules and Statements have been signed by an authorized representative of each of the Debtors. In reviewing and signing the Schedules and Statements, this representative relied upon the efforts, statements and representations of the Debtors' other personnel and professionals. Both the Schedules and the Statements contain the declaration of Eric Easton (in his capacity as CFO of each of the Debtors) that the information found therein is true and correct to the best of his knowledge, information and belief.

### **Global Notes and Overview of Methodology**

- 1. Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any claim ("**Claim**") description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

The listing in the Schedules or Statements (including, without limitation, Schedule A/B, Schedule E/F or Statement 4) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in the Debtors' books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

- 2. Description of Cases and "as of" Information Date.** On November 15, 2018 (the "**Petition Date**"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On November 20, 2018, the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors' chapter 11 cases [Docket No. 59].

**Except for cash values held in financial accounts listed on Schedule A/B 3, which are reported as of November 15, 2018, the asset information provided in the Schedules and Statements represents the asset data of the Debtors as of November 4, 2018, and the liability information provided herein represents the liability data of the Debtors as of November 15, 2018.**

3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Debtors' Schedules and Statements reflect net book values as of the close of business on November 4, 2018, in the Debtors' books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
4. **Recharacterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
5. **Real Property and Personal Property-Leased.** In the ordinary course of their businesses, the Debtors leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).
6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

Under the *Final Order (I) Authorizing the Debtors to Pay Certain Prepetition Claims (A) Arising Under the Perishable Agricultural Commodities Act and Similar Trust Fund Statutes, (B) Of Other Lien Claimants, and (C) Certain Critical Vendors and (II) Granting Certain Related Relief* [Docket No. 170] (the “PACA Order”), the Bankruptcy Court granted the Debtors authority to satisfy valid prepetition PACA claims. The Debtors have not listed on Schedule E/F any PACA obligations for which the Debtors have been granted authority to pay pursuant to the PACA Order.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain other outstanding Claims on a post-petition basis, including but not limited to, insurance claims, employee wages, gift cards etc. Prepetition liabilities which have been paid post-petition have been excluded from the Schedules and Statements. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely, for purposes of the Schedules and Statements, the Debtors define “insiders” to include the following: (a) directors; (b) board appointed officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) Debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtors). Entities listed as “insiders” have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.
8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

In addition, although the Debtors have made diligent efforts to attribute intellectual property to the rightful Debtor entity, in certain instances, intellectual property owned by one Debtor may, in fact, be owned by another Debtor. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such intellectual property rights.
9. **Executory Contracts and Unexpired Leases.** The Debtors’ executory contracts and unexpired leases have been set forth in Schedule G. Although the Debtors made diligent attempts to attribute executory contracts and unexpired leases to their rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors’ businesses.

Moreover, other than real property leases reported in Schedule A/B 55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors' estates.

**10. Materialman's/Mechanic's Liens.** The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.

**11. Classifications.** Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F part 1 as "priority," (c) Schedule E/F part 2 as "unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the Claimant, or a waiver of the Debtors' rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.

**12. Claims Description.** Schedules D and E/F permit each Debtor to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on a given Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtors.

**13. Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "**Causes of Action**") they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

**14. Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

- a. Undetermined Amounts. The description of an amount as "unknown" or "undetermined" is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts.

To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.

- c. Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

**15. Estimates and Assumptions.** Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

**16. Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

**17. Setoffs.** The Debtors incur certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.

**Specific Disclosures with Respect to the Debtors' Schedules**

**Schedule A/B.** All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of November 4, 2018, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

**Schedule A/B 3.** Cash values held in financial accounts are listed on Schedule A/B 3 as of November 15, 2018. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Motion for Entry of Order (I) Authorizing the (A) Continued Use of Their Existing Cash Management System and (B) Use of Existing Bank Accounts and Business Forms; (II) Authorizing Payments of Prepetition Costs and Fees Associated with Customer Credit and Debit Card Transactions; (III) Waiving the Requirements of Section 345(B) of the Bankruptcy Code; and (IV) Granting Certain Related Relief* [Docket No. 9] (the "**Cash Management Motion**").

**Schedule A/B 7.** The Bankruptcy Court, pursuant to the *Final Order (I) Prohibiting Utility Providers from Altering, Refusing or Discontinuing Services, (II) Deeming Utility Providers Adequately Assured of Payment, (III) Establishing Procedures for Determining Additional Adequate Assurance of Payment, and (IV) Granting Related Relief* [Docket No. 165], has authorized the Debtors to provide adequate assurance of payment for postpetition utility services, including a deposit in the amount of

\$150,000.00. Such deposit is not listed on Schedule A/B 7, which was prepared as of the Petition Date.

**Schedule A/B 15.** Ownership interests in subsidiaries have been listed in Schedules A/B 15 as an undetermined amount because the fair market value of such ownership is dependent on numerous variables and factors and likely differs significantly from their net book value.

**Schedule A/B 55.** The Debtors do not own any real property. The Debtors have listed their real property leases on Schedule A/B 55, including the value of any leasehold improvements.

**Schedule A/B 63.** The Debtors maintain a customer database. The amount is listed as undetermined because the fair market value of such ownership cannot be determined.

**Schedule A/B 74 & 75.** In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, certain of the Debtors may be a party to pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

**Schedule D.** The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtors of the legal rights of the Claimant or a waiver of the Debtors' rights to recharacterize or reclassify such Claim or contract.

Moreover, the Debtors have not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

**Schedule E/F part 2.** The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on

Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtors. The dollar amount of potential Claims associated with any such pending litigation is listed as “undetermined” and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors’ liabilities with respect to any of the potential suits and proceedings included therein. The Debtors expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtors’ Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

**Schedule G.** Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtors’ reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtors’ use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all



exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

**Schedule H.** For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtors have treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F part 2 and Statement 7, as applicable.

#### **Specific Disclosures with Respect to the Debtors' Statements**

**Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtors within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3. All disbursements listed on Statement 3 were made through the Debtors' consolidated cash management system maintained by Cafe Enterprises, Inc. and listed for that Debtor.

**Statement 4.** With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement, and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtors' employees, has not been included.

The Debtors have included all consulting and payroll distributions and aggregate travel, entertainment, and other expense reimbursements, aggregated by date, made over the twelve months preceding the Petition Date to any individual that may be deemed an "Insider."

**Statement 5.** Statement 5 excludes goods returned in the ordinary course of business.

**Statement 7.** Any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein.

**Statement 10.** The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes. The losses listed on Statement 10 are based on the estimated amounts currently owed and are not intended to be an admission of the amounts owed.

**Statement 11.** The Debtors have included payments to all professionals who have rendered any advice related the Debtors' bankruptcy proceedings in Statement 11. However, it is possible that the disclosed fees also relate to other, non-bankruptcy related services, and may include services rendered to other parties.

**Statement 13.** In the ordinary course of business, the Debtors have entered into and made settlement payments to vendors and landlords. The Debtors have excluded such settlement payments from Statement 13.

**Statement 26d.** In addition to the parties listed on Statement 26d, the Debtors have provided financial statements in the ordinary course of their businesses to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtors' knowledge or consent or subject to confidentiality agreements, the Debtors have not listed all parties that may have received such financial statements for the purposes of Statement 26d.

**Statement 27.** The Debtors do not record inventory on a restaurant by restaurant basis. Accordingly, all inventory is reported on a corporate level basis.

**Statement 30.** Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

**Fill in this information to identify the case:**

**Debtor name:** CAFE ENTERPRISES, INC.

**United States Bankruptcy Court for the:** District of South Carolina

**Case number (if known):** 18-05838

☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from Schedule A/B .....	\$2,905,760.04
<b>1b. Total personal property:</b> Copy line 91A from Schedule A/B .....	\$3,275,719.70
<b>1c. Total of all property:</b> Copy line 92 from Schedule A/B .....	\$6,181,479.74

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....	\$11,698,584.13
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F .....	\$1,936,157.93
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....	+ \$28,525,502.60
<b>4. Total liabilities</b> Lines 2 + 3a + 3b .....	\$42,160,244.66

**Fill in this information to identify the case:**

**Debtor name:** CAFE ENTERPRISES, INC.

**United States Bankruptcy Court for the:** District of South Carolina

**Case number (if known):** 18-05838

☐ Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

☐ No. Go to Part 2.

☒ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
----------------------------------------------------------------	------------------------------------

**2. Cash on hand**

2.1. LOCATION # 0001, WACCAMAW, SC	\$1,000.00
2.2. LOCATION # 0004, GAFFNEY, SC	\$800.00
2.3. LOCATION # 0005, EASLEY, SC	\$800.00
2.4. LOCATION # 0007, GREENWOOD, SC	\$800.00
2.5. LOCATION # 0009, FOREST DRIVE, SC	\$800.00
2.6. LOCATION # 0010, SENECA, SC	\$800.00
2.7. LOCATION # 0011, HENDERSONVILLE, NC	\$800.00
2.8. LOCATION # 0012, GREER, SC	\$800.00
2.9. LOCATION # 0013, BOILING SPRINGS, SC	\$800.00
2.10. LOCATION # 0014, ORANGEBURG, SC	\$800.00
2.11. LOCATION # 0015, ASHEVILLE, NC	\$800.00
2.12. LOCATION # 0016, SHELBY, NC	\$1,200.00
2.13. LOCATION # 0018, LEXINGTON, SC	\$1,000.00
2.14. LOCATION # 0019, FOREST CITY, NC	\$600.00
2.15. LOCATION # 0020, IRMO, SC	\$900.00
2.16. LOCATION # 0022, MORGANTON, NC	\$800.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.17.	LOCATION # 0023, GREENEVILLE, TN	\$1,100.00
2.18.	LOCATION # 0024, LINCOLNTON, NC	\$800.00
2.19.	LOCATION # 0025, FLORENCE, SC	\$800.00
2.20.	LOCATION # 0026, EVANS, GA	\$1,100.00
2.21.	LOCATION # 0027, ROCK HILL, SC	\$800.00
2.22.	LOCATION # 0028, BRISTOL, TN	\$800.00
2.23.	LOCATION # 0029, WINDER, GA	\$800.00
2.24.	LOCATION # 0030, ROCKINGHAM, NC	\$600.00
2.25.	LOCATION # 0032, MARION, NC	\$700.00
2.26.	LOCATION # 0033, AIKEN, SC	\$1,000.00
2.27.	LOCATION # 0034, ELIZABETHTON, TN	\$800.00
2.28.	LOCATION # 0035, ANDERSON, SC	\$800.00
2.29.	LOCATION # 0036, N CHARLESTON, SC	\$800.00
2.30.	LOCATION # 0037, KINGSPOUR, TN	\$800.00
2.31.	LOCATION # 0038, CAMDEN, SC	\$800.00
2.32.	LOCATION # 0039, CLINTON, SC	\$800.00
2.33.	LOCATION # 0040, ATHENS, GA	\$800.00
2.34.	LOCATION # 0042, BLAIRSVILLE, GA	\$1,000.00
2.35.	LOCATION # 0043, DUBLIN, VA	\$800.00
2.36.	LOCATION # 0045, JASPER, GA	\$1,000.00
2.37.	LOCATION # 0046, CHERAW, SC	\$1,000.00
2.38.	LOCATION # 0049, FRANKLIN, NC	\$800.00
2.39.	LOCATION # 0050, LENOIR, NC	\$800.00

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	NBSC - NATIONAL BANK OF SOUTH CAROLINA	CONCENTRATION	8001	\$51,009.65
3.2.	NBSC - NATIONAL BANK OF SOUTH CAROLINA	ZBA	2601	\$0.00
3.3.	NBSC - NATIONAL BANK OF SOUTH CAROLINA	MANUAL LBW ACCOUNT	8091	\$0.00
3.4.	NBSC - NATIONAL BANK OF SOUTH CAROLINA	MANUAL TAX ESCROW ACCOUNT	1001	\$0.00
3.5.	NBSC - NATIONAL BANK OF SOUTH CAROLINA	MANUAL STORE CAPITAL RENT ACCOUNT	8117	\$3,226.81
3.6.	NBSC - NATIONAL BANK OF SOUTH CAROLINA	UTILITY ACCOUNT	9508	\$0.00
3.7.	BB&T	DEPOSITORY ACCOUNT	8171	\$242.28
3.8.	BB&T	DEPOSITORY ACCOUNT	7254	\$15,189.27
3.9.	TD BANK	DEPOSITORY ACCOUNT	2229	\$3,712.14
3.10.	CITIZENS BANK	DEPOSITORY ACCOUNT	5050	\$2,378.26

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.11.	COMMUNITY FIRST	DEPOSITORY ACCOUNT	3581	\$1,435.28
3.12.	COUNTY BANK	DEPOSITORY ACCOUNT	9401	\$1,235.75
3.13.	CRESCOM BANK	DEPOSITORY ACCOUNT	0938	\$829.90
3.14.	ENTEGRA BANK	DEPOSITORY ACCOUNT	6057	\$1,432.69
3.15.	FIRST CITIZENS	DEPOSITORY ACCOUNT	0007	\$1,410.41
3.16.	FIRST NATIONAL BANK	DEPOSITORY ACCOUNT	1518	\$2,353.82
3.17.	PEOPLE'S BANK	DEPOSITORY ACCOUNT	4911	\$2,527.64
3.18.	SOUTH BANK	DEPOSITORY ACCOUNT	5939	\$7,254.31
3.19.	UNITED COMMUNITY	DEPOSITORY ACCOUNT	7793	\$749.45
3.20.	UNION BANK	DEPOSITORY ACCOUNT	9449	\$590.50
3.21.	1ST BANK CHERAW	DEPOSITORY ACCOUNT	3952	\$1,120.69
3.22.	META BANK/MONEY NETWORK	PAYROLL TRUST ACCOUNT	0013	\$0.00

**4. Other cash equivalents** (Identify all)

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	_____	_____	_____	_____	\$ _____

**5. Total of part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$129,698.85**

**Part 2: Deposits and prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

**7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	TN TAX BOND FOR SALE OF ALCOHOLIC BEVERAGES NORTH AMERICAN SPECIALTY INSURANCE COMPANY 5200 METCALF AVE OVERLAND PARK KS 66202-1391	\$10,400.00
7.2.	UTILITY DEPOSIT NORTH AMERICAN SPECIALTY INSURANCE COMPANY 5200 METCALF AVE OVERLAND PARK KS 66202-1391	\$37,372.14
7.3.	LANDLORD SUSO 3 DILL CREEK GP, LLC PO BOX 74185 CLEVELAND OH 44194	\$9,712.50
7.4.	IMPREST HEALTH ACCOUNT UNITED HEALTH CARE 185 ASYLUM STREET HARTFORD CT 6103	\$34,000.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Current value of debtor's interest

**7.5. UTILITY DEPOSIT**

\$5,000.00

WASHINGTON INTERNATIONAL INSURANCE COMPANY  
475 N MARTINGALE RD  
#1200  
SCHAUMBURG IL 60173

**7.6. TN TAX BOND FOR SALE OF ALCOHOLIC BEVERAGES**

\$10,700.00

WASHINGTON INTERNATIONAL INSURANCE COMPANY  
475 N MARTINGALE RD  
#1200  
SCHAUMBURG IL 60173

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Current value of debtor's interest

**8.1. D&O INSURANCE**

\$39,170.75

VALIDUS SPECIALITY

**9. Total of part 2**

Add lines 7 through 8. Copy the total to line 81.

\$146,355.39

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current value of debtor's interest

**11. Accounts receivable**

	Face amount	Doubtful or uncollectible accounts		
11a. 90 days old or less:	\$245,099.33	- \$0.00	= ..... →	\$245,099.33
	Face amount	Doubtful or uncollectible accounts		
11b. Over 90 days old:	\$18,221.42	- \$0.00	= ..... →	\$18,221.42

**12. Total of part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$263,320.75

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☒ Yes. Fill in the information below.

Debtor **CAFE ENTERPRISES, INC.**Case number (if known) **18-05838**Valuation method used  
for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity

% of ownership

15.1. CE SPORTZ LLC 100.00% \_\_\_\_\_ UNDETERMINED

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of part 4**

Add lines 14 through 16. Copy the total to line 83.

UNDETERMINED

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☐

No. Go to Part 6.

☒

Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	----------------------------------------------------------	-----------------------------------------	------------------------------------

**19. Raw materials**

19.1. MEAT	11/4/2018	\$162,794.09	COST	\$162,794.09
19.2. GROCERY	11/4/2018	\$213,646.68	COST	\$213,646.68
19.3. BREAD	11/4/2018	\$33,100.28	COST	\$33,100.28
19.4. PRODUCE	11/4/2018	\$43,940.83	COST	\$43,940.83
19.5. DAIRY	11/4/2018	\$32,169.96	COST	\$32,169.96
19.6. DESSERT	11/4/2018	\$37,717.59	COST	\$37,717.59
19.7. BEVERAGE	11/4/2018	\$35,974.70	COST	\$35,974.70
19.8. BEER	11/4/2018	\$79,973.99	COST	\$79,973.99
19.9. WINE	11/4/2018	\$25,512.78	COST	\$25,512.78
19.10. LIQUOR	11/4/2018	\$70,992.44	COST	\$70,992.44
19.11. BAR SUPPLIES	11/4/2018	\$13,526.98	COST	\$13,526.98

**20. Work in progress**

20.1. \_\_\_\_\_ \$ \_\_\_\_\_

**21. Finished goods, including goods held for resale**

21.1. \_\_\_\_\_ \$ \_\_\_\_\_



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**22. Other inventory or supplies**

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	MISCELLANEOUS	11/4/2018	\$72,578.68	COST	\$72,578.68

**23. Total of part 5**

Add lines 19 through 22. Copy the total to line 84.

\$821,929.00

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No  
☒ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☒ Yes Book value: \$1,001,312.20 Valuation method: COST Current value: \$1,001,312.20

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	----------------------------------------------------------	-----------------------------------------	------------------------------------

**28. Crops—either planted or harvested**

28.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**29. Farm animals.** Examples: Livestock, poultry, farm-raised fish

29.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**30. Farm machinery and equipment** (Other than titled motor vehicles)

30.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**31. Farm and fishing supplies, chemicals, and feed**

31.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**32. Other farming and fishing-related property not already listed in Part 6**

32.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**33. Total of part 6**

Add lines 28 through 32. Copy the total to line 85.

\$0.00

**34. Is the debtor a member of an agricultural cooperative?**

- ☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

Debtor **CAFE ENTERPRISES, INC.**Case number (if known) **18-05838****35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes Book value: \$\_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$\_\_\_\_\_**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>				
39.1.	OWNED - LOCATION # 0001, WACCAMAW, SC	\$23.73	Net Book Value	\$23.73
39.2.	OWNED - LOCATION # 0004, GAFFNEY, SC	\$1,130.14	Net Book Value	\$1,130.14
39.3.	OWNED - LOCATION # 0005, EASLEY, SC	\$77.75	Net Book Value	\$77.75
39.4.	OWNED - LOCATION # 0007, GREENWOOD, SC	\$352.05	Net Book Value	\$352.05
39.5.	OWNED - LOCATION # 0008, SOUTHPORT, SC	\$134.22	Net Book Value	\$134.22
39.6.	OWNED - LOCATION # 0009, FOREST DRIVE, SC	\$77.75	Net Book Value	\$77.75
39.7.	OWNED - LOCATION # 0010, SENECA, SC	\$1,438.62	Net Book Value	\$1,438.62
39.8.	OWNED - LOCATION # 0011, HENDERSONVILLE, NC	\$134.22	Net Book Value	\$134.22
39.9.	OWNED - LOCATION # 0012, GREER, SC	\$1,836.31	Net Book Value	\$1,836.31
39.10.	OWNED - LOCATION # 0013, BOILING SPRINGS, SC	\$485.76	Net Book Value	\$485.76
39.11.	OWNED - LOCATION # 0014, ORANGEBURG, SC	\$264.32	Net Book Value	\$264.32
39.12.	OWNED - LOCATION # 0015, ASHEVILLE, NC	\$3,901.46	Net Book Value	\$3,901.46
39.13.	OWNED - LOCATION # 0016, SHELBY, NC	\$1,383.52	Net Book Value	\$1,383.52
39.14.	OWNED - LOCATION # 0018, LEXINGTON, SC	\$39,379.52	Net Book Value	\$39,379.52
39.15.	OWNED - LOCATION # 0019, FOREST CITY, NC	\$306.52	Net Book Value	\$306.52
39.16.	OWNED - LOCATION # 0020, IRMO, SC	\$690.79	Net Book Value	\$690.79
39.17.	OWNED - LOCATION # 0022, MORGANTON, NC	\$77.75	Net Book Value	\$77.75
39.18.	OWNED - LOCATION # 0023, GREENEVILLE, TN	\$77.75	Net Book Value	\$77.75
39.19.	OWNED - LOCATION # 0024, LINCOLNTON, NC	\$77.76	Net Book Value	\$77.76
39.20.	OWNED - LOCATION # 0025, FLORENCE, SC	\$105.50	Net Book Value	\$105.50
39.21.	OWNED - LOCATION # 0026, EVANS, GA	\$677.45	Net Book Value	\$677.45
39.22.	OWNED - LOCATION # 0027, ROCK HILL, SC	\$77.76	Net Book Value	\$77.76

Debtor **CAFE ENTERPRISES, INC.** Case number (if known) **18-05838**

39.23.	OWNED - LOCATION # 0028, BRISTOL, TN	\$1,200.09	Net Book Value	\$1,200.09
39.24.	OWNED - LOCATION # 0029, WINDER, GA	\$77.76	Net Book Value	\$77.76
39.25.	OWNED - LOCATION # 0030, ROCKINGHAM, NC	\$77.76	Net Book Value	\$77.76
39.26.	OWNED - LOCATION # 0032, MARION, NC	\$77.76	Net Book Value	\$77.76
39.27.	OWNED - LOCATION # 0033, AIKEN, SC	\$77.76	Net Book Value	\$77.76
39.28.	OWNED - LOCATION # 0034, ELIZABETHTON, TN	\$77.76	Net Book Value	\$77.76
39.29.	OWNED - LOCATION # 0035, ANDERSON, SC	\$77.76	Net Book Value	\$77.76
39.30.	OWNED - LOCATION # 0037, KINGSPORT, TN	\$687.09	Net Book Value	\$687.09
39.31.	OWNED - LOCATION # 0038, CAMDEN, SC	\$485.65	Net Book Value	\$485.65
39.32.	OWNED - LOCATION # 0039, CLINTON, SC	\$77.76	Net Book Value	\$77.76
39.33.	OWNED - LOCATION # 0040, ATHENS, GA	\$386.15	Net Book Value	\$386.15
39.34.	OWNED - LOCATION # 0042, BLAIRSVILLE, GA	\$292.90	Net Book Value	\$292.90
39.35.	OWNED - LOCATION # 0043, DUBLIN, VA	\$638.96	Net Book Value	\$638.96
39.36.	OWNED - LOCATION # 0045, JASPER, GA	\$333.54	Net Book Value	\$333.54
39.37.	OWNED - LOCATION # 0046, CHERAW, SC	\$1,038.10	Net Book Value	\$1,038.10
39.38.	OWNED - LOCATION # 0049, FRANKLIN, NC	\$3,828.79	Net Book Value	\$3,828.79
39.39.	OWNED - LOCATION # 0050, LENOIR, NC	\$1,783.77	Net Book Value	\$1,783.77
39.40.	OWNED - CORPORATE OFFICE	\$9,119.84	Net Book Value	\$9,119.84

**40. Office fixtures**

40.1. \_\_\_\_\_ \$ \_\_\_\_\_

**41. Office equipment, including all computer equipment and communication systems equipment and software**

		<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1.	OWNED - LOCATION # 0001, WACCAMAW, SC	\$559.04	Net Book Value	\$559.04
41.2.	OWNED - LOCATION # 0004, GAFFNEY, SC	\$559.04	Net Book Value	\$559.04
41.3.	OWNED - LOCATION # 0005, EASLEY, SC	\$478.26	Net Book Value	\$478.26
41.4.	OWNED - LOCATION # 0007, GREENWOOD, SC	\$601.85	Net Book Value	\$601.85
41.5.	OWNED - LOCATION # 0008, SOUTHPORT, SC	\$559.04	Net Book Value	\$559.04
41.6.	OWNED - LOCATION # 0009, FOREST DRIVE, SC	\$589.14	Net Book Value	\$589.14
41.7.	OWNED - LOCATION # 0010, SENECA, SC	\$559.04	Net Book Value	\$559.04
41.8.	OWNED - LOCATION # 0011, HENDERSONVILLE, NC	\$619.24	Net Book Value	\$619.24
41.9.	OWNED - LOCATION # 0012, GREER, SC	\$478.26	Net Book Value	\$478.26
41.10.	OWNED - LOCATION # 0013, BOILING SPRINGS, SC	\$559.04	Net Book Value	\$559.04
41.11.	OWNED - LOCATION # 0014, ORANGEBURG, SC	\$589.14	Net Book Value	\$589.14
41.12.	OWNED - LOCATION # 0015, ASHEVILLE, NC	\$619.24	Net Book Value	\$619.24
41.13.	OWNED - LOCATION # 0016, SHELBY, NC	\$336.70	Net Book Value	\$336.70
41.14.	OWNED - LOCATION # 0018, LEXINGTON, SC	\$589.14	Net Book Value	\$589.14
41.15.	OWNED - LOCATION # 0019, FOREST CITY, NC	\$336.70	Net Book Value	\$336.70

Debtor **CAFE ENTERPRISES, INC.**Case number (if known) **18-05838****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.16. OWNED - LOCATION # 0020, IRMO, SC	\$589.14	Net Book Value	\$589.14
41.17. OWNED - LOCATION # 0022, MORGANTON, NC	\$564.00	Net Book Value	\$564.00
41.18. OWNED - LOCATION # 0023, GREENEVILLE, TN	\$610.57	Net Book Value	\$610.57
41.19. OWNED - LOCATION # 0024, LINCOLNTON, NC	\$478.26	Net Book Value	\$478.26
41.20. OWNED - LOCATION # 0025, FLORENCE, SC	\$570.13	Net Book Value	\$570.13
41.21. OWNED - LOCATION # 0026, EVANS, GA	\$589.14	Net Book Value	\$589.14
41.22. OWNED - LOCATION # 0027, ROCK HILL, SC	\$564.00	Net Book Value	\$564.00
41.23. OWNED - LOCATION # 0028, BRISTOL, TN	\$610.57	Net Book Value	\$610.57
41.24. OWNED - LOCATION # 0029, WINDER, GA	\$603.60	Net Book Value	\$603.60
41.25. OWNED - LOCATION # 0030, ROCKINGHAM, NC	\$601.85	Net Book Value	\$601.85
41.26. OWNED - LOCATION # 0032, MARION, NC	\$564.00	Net Book Value	\$564.00
41.27. OWNED - LOCATION # 0033, AIKEN, SC	\$589.14	Net Book Value	\$589.14
41.28. OWNED - LOCATION # 0034, ELIZABETHTON, TN	\$610.57	Net Book Value	\$610.57
41.29. OWNED - LOCATION # 0035, ANDERSON, SC	\$559.04	Net Book Value	\$559.04
41.30. OWNED - LOCATION # 0037, KINGSPORT, TN	\$610.57	Net Book Value	\$610.57
41.31. OWNED - LOCATION # 0038, CAMDEN, SC	\$570.13	Net Book Value	\$570.13
41.32. OWNED - LOCATION # 0039, CLINTON, SC	\$601.85	Net Book Value	\$601.85
41.33. OWNED - LOCATION # 0040, ATHENS, GA	\$603.60	Net Book Value	\$603.60
41.34. OWNED - LOCATION # 0042, BLAIRSVILLE, GA	\$603.60	Net Book Value	\$603.60
41.35. OWNED - LOCATION # 0043, DUBLIN, VA	\$610.57	Net Book Value	\$610.57
41.36. OWNED - LOCATION # 0045, JASPER, GA	\$603.60	Net Book Value	\$603.60
41.37. OWNED - LOCATION # 0046, CHERAW, SC	\$601.85	Net Book Value	\$601.85
41.38. OWNED - LOCATION # 0049, FRANKLIN, NC	\$619.24	Net Book Value	\$619.24
41.39. OWNED - LOCATION # 0050, LENOIR, NC	\$956.52	Net Book Value	\$956.52
41.40. OWNED - UNALLOCATED LOCATIONS	\$52,229.12	Net Book Value	\$52,229.12
41.41. OWNED - CORPORATE OFFICE	\$33,469.86	Net Book Value	\$33,469.86

**42. Collectibles.** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1. \_\_\_\_\_ \$ \_\_\_\_\_

**43. Total of part 7**

Add lines 39 through 42. Copy the total to line 86.

\$181,267.24

**44. Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes

Debtor **CAFE ENTERPRISES, INC.**Case number (if known) **18-05838****45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-----------------------------------------	------------------------------------

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. 2011 HONDA SUV PILOT, 5FNYP3H41BB001124 \$2,048.64 Net Book Value \$2,048.64

**48. Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**49. Aircraft and accessories**

49.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1. MISC FIXTURES & EQUIPMENT - LOCATION # 0001, WACCAMAW, SC	\$20,770.18	Net Book Value	\$20,770.18
50.2. MISC FIXTURES & EQUIPMENT - LOCATION # 0004, GAFFNEY, SC	\$22,832.17	Net Book Value	\$22,832.17
50.3. MISC FIXTURES & EQUIPMENT - LOCATION # 0005, EASLEY, SC	\$20,205.10	Net Book Value	\$20,205.10
50.4. MISC FIXTURES & EQUIPMENT - LOCATION # 0007, GREENWOOD, SC	\$47,350.65	Net Book Value	\$47,350.65
50.5. MISC FIXTURES & EQUIPMENT - LOCATION # 0008, SOUTHPORT, SC	\$18,257.34	Net Book Value	\$18,257.34
50.6. MISC FIXTURES & EQUIPMENT - LOCATION # 0009, FOREST DRIVE, SC	\$38,555.50	Net Book Value	\$38,555.50
50.7. MISC FIXTURES & EQUIPMENT - LOCATION # 0010, SENECA, SC	\$47,209.25	Net Book Value	\$47,209.25
50.8. MISC FIXTURES & EQUIPMENT - LOCATION # 0011, HENDERSONVILLE, NC	\$36,294.10	Net Book Value	\$36,294.10
50.9. MISC FIXTURES & EQUIPMENT - LOCATION # 0012, GREER, SC	\$47,705.09	Net Book Value	\$47,705.09
50.10. MISC FIXTURES & EQUIPMENT - LOCATION # 0013, BOILING SPRINGS, SC	\$45,462.09	Net Book Value	\$45,462.09
50.11. MISC FIXTURES & EQUIPMENT - LOCATION # 0014, ORANGEBURG, SC	\$54,491.77	Net Book Value	\$54,491.77
50.12. MISC FIXTURES & EQUIPMENT - LOCATION # 0015, ASHEVILLE, NC	\$52,716.84	Net Book Value	\$52,716.84
50.13. MISC FIXTURES & EQUIPMENT - LOCATION # 0016, SHELBY, NC	\$29,258.08	Net Book Value	\$29,258.08
50.14. MISC FIXTURES & EQUIPMENT - LOCATION # 0018, LEXINGTON, SC	\$214,193.18	Net Book Value	\$214,193.18

Debtor	<b>CAFE ENTERPRISES, INC.</b>		Case number (if known) <b>18-05838</b>	
50.15.	MISC FIXTURES & EQUIPMENT - LOCATION # 0019, FOREST CITY, NC	\$20,297.67	Net Book Value	\$20,297.67
50.16.	MISC FIXTURES & EQUIPMENT - LOCATION # 0020, IRMO, SC	\$27,587.54	Net Book Value	\$27,587.54
50.17.	MISC FIXTURES & EQUIPMENT - LOCATION # 0022, MORGANTON, NC	\$31,020.51	Net Book Value	\$31,020.51
50.18.	MISC FIXTURES & EQUIPMENT - LOCATION # 0023, GREENEVILLE, TN	\$22,727.35	Net Book Value	\$22,727.35
50.19.	MISC FIXTURES & EQUIPMENT - LOCATION # 0024, LINCOLNTON, NC	\$21,032.98	Net Book Value	\$21,032.98
50.20.	MISC FIXTURES & EQUIPMENT - LOCATION # 0025, FLORENCE, SC	\$34,720.84	Net Book Value	\$34,720.84
50.21.	MISC FIXTURES & EQUIPMENT - LOCATION # 0026, EVANS, GA	\$17,159.00	Net Book Value	\$17,159.00
50.22.	MISC FIXTURES & EQUIPMENT - LOCATION # 0027, ROCK HILL, SC	\$24,783.19	Net Book Value	\$24,783.19
50.23.	MISC FIXTURES & EQUIPMENT - LOCATION # 0028, BRISTOL, TN	\$8,870.21	Net Book Value	\$8,870.21
50.24.	MISC FIXTURES & EQUIPMENT - LOCATION # 0029, WINDER, GA	\$2,539.46	Net Book Value	\$2,539.46
50.25.	MISC FIXTURES & EQUIPMENT - LOCATION # 0030, ROCKINGHAM, NC	\$22,074.46	Net Book Value	\$22,074.46
50.26.	MISC FIXTURES & EQUIPMENT - LOCATION # 0032, MARION, NC	\$22,713.02	Net Book Value	\$22,713.02
50.27.	MISC FIXTURES & EQUIPMENT - LOCATION # 0033, AIKEN, SC	\$26,730.70	Net Book Value	\$26,730.70
50.28.	MISC FIXTURES & EQUIPMENT - LOCATION # 0034, ELIZABETHTON, TN	\$24,708.02	Net Book Value	\$24,708.02
50.29.	MISC FIXTURES & EQUIPMENT - LOCATION # 0035, ANDERSON, SC	\$35,086.22	Net Book Value	\$35,086.22
50.30.	MISC FIXTURES & EQUIPMENT - LOCATION # 0037, KINGSPORT, TN	\$26,720.83	Net Book Value	\$26,720.83
50.31.	MISC FIXTURES & EQUIPMENT - LOCATION # 0038, CAMDEN, SC	\$34,812.11	Net Book Value	\$34,812.11
50.32.	MISC FIXTURES & EQUIPMENT - LOCATION # 0039, CLINTON, SC	\$57,832.86	Net Book Value	\$57,832.86
50.33.	MISC FIXTURES & EQUIPMENT - LOCATION # 0040, ATHENS, GA	\$35,658.05	Net Book Value	\$35,658.05
50.34.	MISC FIXTURES & EQUIPMENT - LOCATION # 0042, BLAIRSVILLE, GA	\$15,457.47	Net Book Value	\$15,457.47
50.35.	MISC FIXTURES & EQUIPMENT - LOCATION # 0043, DUBLIN, VA	\$41,498.97	Net Book Value	\$41,498.97
50.36.	MISC FIXTURES & EQUIPMENT - LOCATION # 0045, JASPER, GA	\$27,109.68	Net Book Value	\$27,109.68
50.37.	MISC FIXTURES & EQUIPMENT - LOCATION # 0046, CHERAW, SC	\$27,911.00	Net Book Value	\$27,911.00
50.38.	MISC FIXTURES & EQUIPMENT - LOCATION # 0049, FRANKLIN, NC	\$67,011.41	Net Book Value	\$67,011.41
50.39.	MISC FIXTURES & EQUIPMENT - LOCATION # 0050, LENOIR, NC	\$32,769.45	Net Book Value	\$32,769.45
50.40.	MISC FIXTURES & EQUIPMENT - UNALLOCATED STORES	\$214,589.31	Net Book Value	\$214,589.31
50.41.	MISC FIXTURES & EQUIPMENT - CORPORATE OFFICE	\$109,992.18	Net Book Value	\$109,992.18

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**51. Total of part 8**

Add lines 47 through 50. Copy the total to line 87.

\$1,730,764.47

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No  
☒ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

55.1.	LOCATION # 0010 SENECA, SC - LEASEHOLD IMPROVEMENTS  FATZ 1615 SANDIFER BLVD. SENECA SC 29678	LEASEHOLD IMPROVEMENTS	UNDETERMINED	Undetermined	UNDETERMINED
55.2.	LOCATION # 0013 BOILING SPRINGS, SC - LEASEHOLD IMPROVEMENTS  FATZ 1925 BOILING SPRINGS RD. SPARTANBURG SC 29316	LEASEHOLD IMPROVEMENTS	UNDETERMINED	Undetermined	UNDETERMINED
55.3.	CORPORATE OFFICE LEASEHOLD IMPROVEMENTS  CAFE ENTERPRISES, INC. 4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	LEASEHOLD IMPROVEMENTS	UNDETERMINED	Undetermined	UNDETERMINED
55.4.	LOCATION # 0001 WACCAMAW, SC - LEASE  FATZ 6750 POTTERY RD. SPARTANBURG SC 29303	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.5.	LOCATION # 0001 WACCAMAW, SC - LEASEHOLD IMPROVEMENTS  FATZ 6750 POTTERY RD. SPARTANBURG SC 29303	LEASEHOLD IMPROVEMENTS	\$43,270.75	Net Book Value	\$43,270.75

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

	<b>Description and location of property</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
<b>55.</b>	<b>Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.6.	LOCATION # 0004  GAFFNEY, SC - LEASE  FATZ 294 PEACHOID RD. GAFFNEY SC 29341	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.7.	LOCATION # 0004  GAFFNEY, SC - LEASEHOLD IMPROVEMENTS  FATZ 294 PEACHOID RD. GAFFNEY SC 29341	LEASEHOLD IMPROVEMENTS	\$40,997.47	Net Book Value	\$40,997.47
55.8.	LOCATION # 0005  EASLEY, SC - LEASE  FATZ 5051 CALHOUN MEMORIAL HWY. EASLEY SC 29640	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.9.	LOCATION # 0005  EASLEY, SC - LEASEHOLD IMPROVEMENTS  FATZ 5051 CALHOUN MEMORIAL HWY. EASLEY SC 29640	LEASEHOLD IMPROVEMENTS	\$139,405.66	Net Book Value	\$139,405.66
55.10.	LOCATION # 0007  GREENWOOD, SC - LEASE  FATZ 1302 MONTAGUE AVE. EXT. GREENWOOD SC 29649	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.11.	LOCATION # 0007  GREENWOOD, SC - LEASEHOLD IMPROVEMENTS  FATZ 1302 MONTAGUE AVE. EXT. GREENWOOD SC 29649	LEASEHOLD IMPROVEMENTS	\$59,696.59	Net Book Value	\$59,696.59
55.12.	LOCATION # 0008  SOUTHPORT, SC - LEASE  FATZ 100 SOUTHPORT RD. SPARTANBURG SC 29306	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.13.	LOCATION # 0009  FOREST DRIVE, SC - LEASE  FATZ 5590 FOREST DR. COLUMBIA SC 29206	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.14.	LOCATION # 0009  FOREST DRIVE, SC - LEASEHOLD IMPROVEMENTS  FATZ 5590 FOREST DR. COLUMBIA SC 29206	LEASEHOLD IMPROVEMENTS	\$34,779.38	Net Book Value	\$34,779.38
55.15.	LOCATION # 0010  SENECA, SC - LEASE  FATZ 1615 SANDIFER BLVD. SENECA SC 29678	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.16.	LOCATION # 0011  HENDERSONVILLE, NC - LEASE  FATZ 110 HENDERSON CROSSING HENDERSONVILLE NC 28792	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.17.	LOCATION # 0011  HENDERSONVILLE, NC - LEASEHOLD IMPROVEMENTS  FATZ 110 HENDERSON CROSSING HENDERSONVILLE NC 28792	LEASEHOLD IMPROVEMENTS	\$28,491.22	Net Book Value	\$28,491.22
55.18.	LOCATION # 0012  GREER, SC - LEASE  FATZ 1361 W. WADE HAMPTON BLVD. STE. A GREER SC 29650	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.19.	LOCATION # 0012  GREER, SC - LEASEHOLD IMPROVEMENTS  FATZ 1361 W. WADE HAMPTON BLVD. STE. A GREER SC 29650	LEASEHOLD IMPROVEMENTS	\$32,362.65	Net Book Value	\$32,362.65
55.20.	LOCATION # 0013  BOILING SPRINGS, SC - LEASE  FATZ 1925 BOILING SPRINGS RD. SPARTANBURG SC 29316	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.21.	LOCATION # 0014  ORANGEBURG, SC - LEASE  FATZ 3575 ST. MATTHEWS RD. ORANGEBURG SC 29118	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>Description and location of property</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.					<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>								
55.22.	LOCATION # 0014	ORANGEBURG, SC - LEASEHOLD IMPROVEMENTS	FATZ 3575 ST. MATTHEWS RD. ORANGEBURG SC 29118	LEASEHOLD IMPROVEMENTS	\$48,636.62	Net Book Value	\$48,636.62	
55.23.	LOCATION # 0015	ASHEVILLE, NC - LEASE	FATZ 5 SPARTAN AVE. ASHEVILLE NC 28806	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED	
55.24.	LOCATION # 0015	ASHEVILLE, NC - LEASEHOLD IMPROVEMENTS	FATZ 5 SPARTAN AVE. ASHEVILLE NC 28806	LEASEHOLD IMPROVEMENTS	\$240,961.82	Net Book Value	\$240,961.82	
55.25.	LOCATION # 0016	SHELBY, NC - LEASE	FATZ 1235 E. DIXON BLVD. SHELBY NC 28152	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED	
55.26.	LOCATION # 0016	SHELBY, NC - LEASEHOLD IMPROVEMENTS	FATZ 1235 E. DIXON BLVD. SHELBY NC 28152	LEASEHOLD IMPROVEMENTS	\$70,053.04	Net Book Value	\$70,053.04	
55.27.	LOCATION # 0018	LEXINGTON, SC - LEASE	FATZ 942 EAST MAIN STREET LEXINGTON SC 29072	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED	
55.28.	LOCATION # 0018	LEXINGTON, SC - LEASEHOLD IMPROVEMENTS	FATZ 942 EAST MAIN STREET LEXINGTON SC 29072	LEASEHOLD IMPROVEMENTS	\$473,961.40	Net Book Value	\$473,961.40	
55.29.	LOCATION # 0019	FOREST CITY, NC - LEASE	FATZ 118 HILL TOP WAY FOREST CITY NC 28043	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED	

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>Description and location of property</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.					<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>								
55.30.	LOCATION # 0019		LEASEHOLD IMPROVEMENTS	\$52,527.25		Net Book Value	\$52,527.25	
	FOREST CITY, NC - LEASEHOLD IMPROVEMENTS							
	FATZ							
	118 HILL TOP WAY							
	FOREST CITY NC 28043							
55.31.	LOCATION # 0020		LEASEHOLD	UNDETERMINED		Undetermined	UNDETERMINED	
	IRMO, SC - LEASE							
	FATZ							
	7420 BROAD RIVER ROAD							
	IRMO SC 29063							
55.32.	LOCATION # 0020		LEASEHOLD IMPROVEMENTS	\$64,869.78		Net Book Value	\$64,869.78	
	IRMO, SC - LEASEHOLD IMPROVEMENTS							
	FATZ							
	7420 BROAD RIVER ROAD							
	IRMO SC 29063							
55.33.	LOCATION # 0022		LEASEHOLD	UNDETERMINED		Undetermined	UNDETERMINED	
	MORGANTON, NC - LEASE							
	FATZ							
	2111 S. STERLING STREET							
	MORGANTON NC 28655							
55.34.	LOCATION # 0022		LEASEHOLD IMPROVEMENTS	\$36,243.77		Net Book Value	\$36,243.77	
	MORGANTON, NC - LEASEHOLD IMPROVEMENTS							
	FATZ							
	2111 S. STERLING STREET							
	MORGANTON NC 28655							
55.35.	LOCATION # 0023		LEASEHOLD	UNDETERMINED		Undetermined	UNDETERMINED	
	GREENEVILLE, TN - LEASE							
	FATZ							
	3140 E. ANDREW JOHNSON HWY.							
	GREENEVILLE TN 37745							
55.36.	LOCATION # 0023		LEASEHOLD IMPROVEMENTS	\$40,785.56		Net Book Value	\$40,785.56	
	GREENEVILLE, TN - LEASEHOLD IMPROVEMENTS							
	FATZ							
	3140 E. ANDREW JOHNSON HWY.							
	GREENEVILLE TN 37745							
55.37.	LOCATION # 0024		LEASEHOLD	UNDETERMINED		Undetermined	UNDETERMINED	
	LINCOLNTON, NC - LEASE							
	FATZ							
	1430 E. MAIN ST.							
	LINCOLNTON NC 28092							

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.38.	LOCATION # 0024  LINCOLNNTON, NC - LEASEHOLD IMPROVEMENTS  FATZ 1430 E. MAIN ST. LINCOLNNTON NC 28092	LEASEHOLD IMPROVEMENTS	\$63,243.07	Net Book Value	\$63,243.07
55.39.	LOCATION # 0025  FLORENCE, SC - LEASE  FATZ 2007 W. LUCAS ST. FLORENCE SC 29501	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.40.	LOCATION # 0025  FLORENCE, SC - LEASEHOLD IMPROVEMENTS  FATZ 2007 W. LUCAS ST. FLORENCE SC 29501	LEASEHOLD IMPROVEMENTS	\$91,682.81	Net Book Value	\$91,682.81
55.41.	LOCATION # 0026  EVANS, GA - LEASE  FATZ 464 N. BELAIR RD. EVANS GA 30809	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.42.	LOCATION # 0026  EVANS, GA - LEASEHOLD IMPROVEMENTS  FATZ 464 N. BELAIR RD. EVANS GA 30809	LEASEHOLD IMPROVEMENTS	\$74,589.08	Net Book Value	\$74,589.08
55.43.	LOCATION # 0027  ROCK HILL, SC - LEASE  FATZ 478 S. HERLONG AVE. ROCK HILL SC 29732	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.44.	LOCATION # 0027  ROCK HILL, SC - LEASEHOLD IMPROVEMENTS  FATZ 478 S. HERLONG AVE. ROCK HILL SC 29732	LEASEHOLD IMPROVEMENTS	\$104,788.64	Net Book Value	\$104,788.64
55.45.	LOCATION # 0028  BRISTOL, TN - LEASE  FATZ 1175 VOLUNTEER PKWY. BRISTOL TN 37620	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.46. LOCATION # 0028 BRISTOL, TN - LEASEHOLD IMPROVEMENTS  FATZ 1175 VOLUNTEER PKWY. BRISTOL TN 37620	LEASEHOLD IMPROVEMENTS	\$73,715.42	Net Book Value	\$73,715.42
55.47. LOCATION # 0029 WINDER, GA - LEASE  FATZ 442 ATLANTA HWY. NW WINDER GA 30680	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.48. LOCATION # 0029 WINDER, GA - LEASEHOLD IMPROVEMENTS  FATZ 442 ATLANTA HWY. NW WINDER GA 30680	LEASEHOLD IMPROVEMENTS	\$22,441.17	Net Book Value	\$22,441.17
55.49. LOCATION # 0030 ROCKINGHAM, NC - LEASE  FATZ 714 US HWY. 74 BUS. E. ROCKINGHAM NC 28379	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.50. LOCATION # 0030 ROCKINGHAM, NC - LEASEHOLD IMPROVEMENTS  FATZ 714 US HWY. 74 BUS. E. ROCKINGHAM NC 28379	LEASEHOLD IMPROVEMENTS	\$57,774.14	Net Book Value	\$57,774.14
55.51. LOCATION # 0032 MARION, NC - LEASE  FATZ 390 US 70 WEST MARION NC 28752	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.52. LOCATION # 0032 MARION, NC - LEASEHOLD IMPROVEMENTS  FATZ 390 US 70 WEST MARION NC 28752	LEASEHOLD IMPROVEMENTS	\$37,586.32	Net Book Value	\$37,586.32
55.53. LOCATION # 0033 AIKEN, SC - LEASE  FATZ 996 PINE LOG RD. AIKEN SC 29803	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

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Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.54. LOCATION # 0033 AIKEN, SC - LEASEHOLD IMPROVEMENTS FATZ 996 PINE LOG RD. AIKEN SC 29803	LEASEHOLD IMPROVEMENTS	\$77,313.81	Net Book Value	\$77,313.81
55.55. LOCATION # 0034 ELIZABETHTON, TN - LEASE FATZ 980 OVER MOUNTAIN DR. ELIZABETHTON TN 37643	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.56. LOCATION # 0034 ELIZABETHTON, TN - LEASEHOLD IMPROVEMENTS FATZ 980 OVER MOUNTAIN DR. ELIZABETHTON TN 37643	LEASEHOLD IMPROVEMENTS	\$63,416.51	Net Book Value	\$63,416.51
55.57. LOCATION # 0035 ANDERSON, SC - LEASE FATZ 105 INTERSTATE BLVD. ANDERSON SC 29621	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.58. LOCATION # 0035 ANDERSON, SC - LEASEHOLD IMPROVEMENTS FATZ 105 INTERSTATE BLVD. ANDERSON SC 29621	LEASEHOLD IMPROVEMENTS	\$69,915.02	Net Book Value	\$69,915.02
55.59. LOCATION # 0037 KINGSPORT, TN - LEASE FATZ 2610 W. STONE DR. KINGSPORT TN 37660	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.60. LOCATION # 0037 KINGSPORT, TN - LEASEHOLD IMPROVEMENTS FATZ 2610 W. STONE DR. KINGSPORT TN 37660	LEASEHOLD IMPROVEMENTS	\$72,837.43	Net Book Value	\$72,837.43
55.61. LOCATION # 0038 CAMDEN, SC - LEASE FATZ 212 WALL STREET CAMDEN SC 29020	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

	<b>Description and location of property</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
<b>55.</b>	<b>Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.62.	LOCATION # 0038 CAMDEN, SC - LEASEHOLD IMPROVEMENTS FATZ 212 WALL STREET CAMDEN SC 29020	LEASEHOLD IMPROVEMENTS	\$100,721.66	Net Book Value	\$100,721.66
55.63.	LOCATION # 0039 CLINTON, SC - LEASE FATZ 179 EAST CORPORATE CENTER DR. CLINTON SC 29325	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.64.	LOCATION # 0039 CLINTON, SC - LEASEHOLD IMPROVEMENTS FATZ 179 EAST CORPORATE CENTER DR. CLINTON SC 29325	LEASEHOLD IMPROVEMENTS	\$74,218.47	Net Book Value	\$74,218.47
55.65.	LOCATION # 0040 ATHENS, GA - LEASE FATZ 4115 LEXINGTON RD. ATHENS GA 30605	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.66.	LOCATION # 0040 ATHENS, GA - LEASEHOLD IMPROVEMENTS FATZ 4115 LEXINGTON RD. ATHENS GA 30605	LEASEHOLD IMPROVEMENTS	\$132,863.24	Net Book Value	\$132,863.24
55.67.	LOCATION # 0042 BLAIRSVILLE, GA - LEASE FATZ 206 HIGHWAY 515 E BLAIRSVILLE GA 30512	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.68.	LOCATION # 0042 BLAIRSVILLE, GA - LEASEHOLD IMPROVEMENTS FATZ 206 HIGHWAY 515 E BLAIRSVILLE GA 30512	LEASEHOLD IMPROVEMENTS	\$86,612.83	Net Book Value	\$86,612.83
55.69.	LOCATION # 0043 DUBLIN, VA - LEASE FATZ 4586 ALEXANDER FARM RD. DUBLIN VA 24084	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<div> <div>Description and location of property</div> <div>Nature and extent of debtor's interest in property</div> <div>Net book value of debtor's interest</div> <div>Valuation method used for current value</div> <div>Current value of debtor's interest</div> </div>				
<div> <div>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</div> <div>(Where available)</div> </div>				
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.70.	LOCATION # 0043 DUBLIN, VA - LEASEHOLD IMPROVEMENTS FATZ 4586 ALEXANDER FARM RD. DUBLIN VA 24084	LEASEHOLD IMPROVEMENTS	\$88,630.86	Net Book Value \$88,630.86
55.71.	LOCATION # 0045 JASPER, GA - LEASE FATZ 800 NOAH AVENUE JASPER GA 30143	LEASEHOLD	UNDETERMINED	Undetermined UNDETERMINED
55.72.	LOCATION # 0045 JASPER, GA - LEASEHOLD IMPROVEMENTS FATZ 800 NOAH AVENUE JASPER GA 30143	LEASEHOLD IMPROVEMENTS	\$98,023.51	Net Book Value \$98,023.51
55.73.	LOCATION # 0046 CHERAW, SC - LEASE FATZ 973 CHESTERFIELD HWY CHERAW SC 29520	LEASEHOLD	UNDETERMINED	Undetermined UNDETERMINED
55.74.	LOCATION # 0046 CHERAW, SC - LEASEHOLD IMPROVEMENTS FATZ 973 CHESTERFIELD HWY CHERAW SC 29520	LEASEHOLD IMPROVEMENTS	\$23,431.23	Net Book Value \$23,431.23
55.75.	LOCATION # 0049 FRANKLIN, NC - LEASE FATZ 107 SAWMILL VILLAGE LANE FRANKLIN NC 28734	LEASEHOLD	UNDETERMINED	Undetermined UNDETERMINED
55.76.	LOCATION # 0049 FRANKLIN, NC - LEASEHOLD IMPROVEMENTS FATZ 107 SAWMILL VILLAGE LANE FRANKLIN NC 28734	LEASEHOLD IMPROVEMENTS	\$59,943.37	Net Book Value \$59,943.37
55.77.	LOCATION # 0050 LENOIR, NC - LEASE FATZ 975 BLOWING ROCK BLVD. NW LENIOR NC 28645	LEASEHOLD	UNDETERMINED	Undetermined UNDETERMINED



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.78. LOCATION # 0050  LENOIR, NC - LEASEHOLD IMPROVEMENTS  FATZ 975 BLOWING ROCK BLVD. NW LENIOR NC 28645	LEASEHOLD IMPROVEMENTS	\$24,968.49	Net Book Value	\$24,968.49
55.79. CORPORATE OFFICE  LEASE  CAFE ENTERPRISES, INC. 4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.80. LOCATION # 0031  CONWAY, SC - LEASE  FATZ 2494 CHURCH ST. CONWAY SC 29526	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.81. LOCATION # 0036  NORTH CHARLESTON - LEASE,  FATZ 4951 CENTRE POINTE DRIVE N. CHARLESTON SC 29418	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.82. LOCATION # 0041  CAROWINDS, - LEASE  FATZ 10920 WINDS CROSSING DRIVE CHARLOTTE NC 28273	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.83. LOCATION # 0044  WARNER ROBINS, GA - LEASE  FATZ 2715 WATSON BLVD. WARNER ROBINS GA 31093	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.84. LOCATION # 0047  POOLER, GA - LEASE  FATZ 400 POOLER PARKWAY POOLER GA 31322	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.85. LOCATION # 0048  AFTON RIDGE, NC - LEASE  FATZ 6081 BAYFIELD PARKWAY CONCORD NC 28027	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

55.86. LOCATION # 0051 GREENSBORO #1, NC - LEASE FATZ 619 S. REGIONAL ROAD GREENSBORO NC 27409	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.87. LOCATION # 0052 JOHNSON CITY, TN - LEASE FATZ 3101 WEST MARKET STREET 101-103 JOHNSON CITY TN 37604	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED
55.88. LOCATION # 0053 GREENSBORO #2, NC - LEASE FATZ 3011 HIGH POINT ROAD GREENSBORO NC 27403	LEASEHOLD	UNDETERMINED	Undetermined	UNDETERMINED

**56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88.

\$2,905,760.04

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No  
☒ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**60. Patents, copyrights, trademarks, and trade secrets**

60.1. TRADEMARK 2,764,092	UNDETERMINED	_____	UNDETERMINED
60.2. TRADEMARK 2,764,091	UNDETERMINED	_____	UNDETERMINED
60.3. TRADEMARK 3,217,012	UNDETERMINED	_____	UNDETERMINED
60.4. TRADEMARK 3,600,822	UNDETERMINED	_____	UNDETERMINED
60.5. TRADEMARK 3,600,823	UNDETERMINED	_____	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**61. Internet domain names and websites**

		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.	HTTPS://FATZ.COM	UNDETERMINED	_____	UNDETERMINED
61.2.	WWW.CAFE-ENTERPRISES.COM	UNDETERMINED	_____	UNDETERMINED
61.3.	WWW.SOUTHERNKITCHENCATERING.COM	UNDETERMINED	_____	UNDETERMINED
61.4.	WWW.FATZSOUTHERNKITCHEN.COM	UNDETERMINED	_____	UNDETERMINED

**62. Licenses, franchises, and royalties**

62.1.	STORE # 0001 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32020312-PBW	UNDETERMINED	_____	UNDETERMINED
62.2.	STORE # 0001 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046347-PLB	UNDETERMINED	_____	UNDETERMINED
62.3.	STORE # 0001 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LIC # 32046347-LOP	UNDETERMINED	_____	UNDETERMINED
62.4.	STORE # 0001 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.5.	STORE # 0004 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046358-PBW	UNDETERMINED	_____	UNDETERMINED
62.6.	STORE # 0004 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046358-PLB	UNDETERMINED	_____	UNDETERMINED
62.7.	STORE # 0004 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.8.	STORE # 0005 - CITY OF EASLEY RETAIL/BUSINESS LICENSE # 37089	UNDETERMINED	_____	UNDETERMINED
62.9.	STORE # 0005 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046356-PBW	UNDETERMINED	_____	UNDETERMINED
62.10.	STORE # 0005 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046356-LOP	UNDETERMINED	_____	UNDETERMINED
62.11.	STORE # 0005 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046356-PLB	UNDETERMINED	_____	UNDETERMINED
62.12.	STORE # 0005 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.13.	STORE # 0007 - CITY OF GREENWOOD RETAIL/BUSINESS LICENSE # 1374	UNDETERMINED	_____	UNDETERMINED
62.14.	STORE # 0007 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046351-PBW	UNDETERMINED	_____	UNDETERMINED
62.15.	STORE # 0007 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046351-PLB	UNDETERMINED	_____	UNDETERMINED
62.16.	STORE # 0007 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LIC # 320463510-LOP	UNDETERMINED	_____	UNDETERMINED
62.17.	STORE # 0007 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.18.	STORE # 0009 - CITY OF COLUMBIA RETAIL/BUSINESS LICENSE # 23881	UNDETERMINED	_____	UNDETERMINED
62.19.	STORE # 0009 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046359-PBW	UNDETERMINED	_____	UNDETERMINED
62.20.	STORE # 0009 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046359-PLB	UNDETERMINED	_____	UNDETERMINED
62.21.	STORE # 0009 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LIC # 32003427-LOP	UNDETERMINED	_____	UNDETERMINED
62.22.	STORE # 0009 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.23.	STORE # 0010 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046346-PBW	UNDETERMINED	_____	UNDETERMINED

Debtor	CAFE ENTERPRISES, INC.		Case number (if known) 18-05838	
62.24.	STORE # 0010 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046346-PLB	UNDETERMINED	_____	UNDETERMINED
62.25.	STORE # 0010 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LIC # 32046346-LOP	UNDETERMINED	_____	UNDETERMINED
62.26.	STORE # 0010 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.27.	STORE # 0011 - CITY OF HENDERSONVILLE - BEER/WINE LICENSE # 48	UNDETERMINED	_____	UNDETERMINED
62.28.	STORE # 0011 - CITY OF HEN'VILLE RETAIL/BUSINESS LICENSE # 193439	UNDETERMINED	_____	UNDETERMINED
62.29.	STORE # 0011 - CITY OF HEN'VILLE RETAIL/BUSINESS LICENSE # 476	UNDETERMINED	_____	UNDETERMINED
62.30.	STORE # 0011 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSE # MX9881	UNDETERMINED	_____	UNDETERMINED
62.31.	STORE # 0011 - NC DENR - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.32.	STORE # 0012 - CITY OF GREER RETAIL/BUSINESS LICENSE # 44665	UNDETERMINED	_____	UNDETERMINED
62.33.	STORE # 0012 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046352-PBW	UNDETERMINED	_____	UNDETERMINED
62.34.	STORE # 0012 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046352-LOP	UNDETERMINED	_____	UNDETERMINED
62.35.	STORE # 0012 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046352-PLB	UNDETERMINED	_____	UNDETERMINED
62.36.	STORE # 0012 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.37.	STORE # 0013 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32016681-PBW	UNDETERMINED	_____	UNDETERMINED
62.38.	STORE # 0013 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32016681-PSB	UNDETERMINED	_____	UNDETERMINED
62.39.	STORE # 0013 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LICENSE # 32016681-LOP	UNDETERMINED	_____	UNDETERMINED
62.40.	STORE # 0013 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.41.	STORE # 0014 - COUNTY OF ORANGEBURG RETAIL/BUSINESS LICENSE # 000565	UNDETERMINED	_____	UNDETERMINED
62.42.	STORE # 0014 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046343-PBW	UNDETERMINED	_____	UNDETERMINED
62.43.	STORE # 0014 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046343-LOP	UNDETERMINED	_____	UNDETERMINED
62.44.	STORE # 0014 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046343-PLB	UNDETERMINED	_____	UNDETERMINED
62.45.	STORE # 0014 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.46.	STORE # 0015 - BUNCOMB COUNTY - BEER LICENSE # 261	UNDETERMINED	_____	UNDETERMINED
62.47.	STORE # 0015 - BUNCOMB COUNTY - WINE LICENSE # 261	UNDETERMINED	_____	UNDETERMINED
62.48.	STORE # 0015 - CITY OF ASHEVILLE - BEER LICENSE # 521	UNDETERMINED	_____	UNDETERMINED
62.49.	STORE # 0015 - CITY OF ASHEVILLE - WINE LICENSE # 522	UNDETERMINED	_____	UNDETERMINED
62.50.	STORE # 0015 - CITY OF ASHEVILLE RETAIL/BUSINESS LICENSE # 523	UNDETERMINED	_____	UNDETERMINED
62.51.	STORE # 0015 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSE # 00099327MB	UNDETERMINED	_____	UNDETERMINED
62.52.	STORE # 0015 - NC DENR - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.53.	STORE # 0016 - CITY OF SHELBY - BEER/WINE LICENSE	UNDETERMINED	_____	UNDETERMINED

Debtor	CAFE ENTERPRISES, INC.		Case number (if known) 18-05838	
62.54.	STORE # 0016 - CLEVELAND COUNTY - BEER/WINE LICENSE # 14	UNDETERMINED	_____	UNDETERMINED
62.55.	STORE # 0016 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSE # 00103277MB	UNDETERMINED	_____	UNDETERMINED
62.56.	STORE # 0016 - NC DENR - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.57.	STORE # 0018 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046348-PBW	UNDETERMINED	_____	UNDETERMINED
62.58.	STORE # 0018 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046348-PLB	UNDETERMINED	_____	UNDETERMINED
62.59.	STORE # 0018 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LICENSE # 32046348-LOP	UNDETERMINED	_____	UNDETERMINED
62.60.	STORE # 0018 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.61.	STORE # 0018 - TOWN OF LEXINGTON RETAIL/BUSINESS LICENSE # 4372	UNDETERMINED	_____	UNDETERMINED
62.62.	STORE # 0019 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSE # 00113915MB	UNDETERMINED	_____	UNDETERMINED
62.63.	STORE # 0019 - NC DENR - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.64.	STORE # 0019 - TOWN OF FOREST CITY - BEER/WINE LICENSE # 9690	UNDETERMINED	_____	UNDETERMINED
62.65.	STORE # 0020 - RICHLAND COUNTY RETAIL/BUSINESS LICENSE # 2018-25567-24719	UNDETERMINED	_____	UNDETERMINED
62.66.	STORE # 0020 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046349-PBW	UNDETERMINED	_____	UNDETERMINED
62.67.	STORE # 0020 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046349-PLB	UNDETERMINED	_____	UNDETERMINED
62.68.	STORE # 0020 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LICENSE # 32046349-LOP	UNDETERMINED	_____	UNDETERMINED
62.69.	STORE # 0020 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.70.	STORE # 0022 - BURKE COUNTY - BEER/WINE LICENSE # 1290/0743	UNDETERMINED	_____	UNDETERMINED
62.71.	STORE # 0022 - CITY OF MORGANTON - BEER/WINE LICENSE # 2362	UNDETERMINED	_____	UNDETERMINED
62.72.	STORE # 0022 - CITY OF MORGANTON RETAIL/BUSINESS LICENSE	UNDETERMINED	_____	UNDETERMINED
62.73.	STORE # 0022 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSE # 00115624MB	UNDETERMINED	_____	UNDETERMINED
62.74.	STORE # 0022 - NC DENR - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.75.	STORE # 0023 - GREENE COUNTY RETAIL/BUSINESS LICENSE # 470973	UNDETERMINED	_____	UNDETERMINED
62.76.	STORE # 0023 - TN ABC COMMISSION - LIQUOR LICENSE BY THE DRINK # 7885	UNDETERMINED	_____	UNDETERMINED
62.77.	STORE # 0023 - TN HEALTH - HEALTH PERMIT # 169670/169671	UNDETERMINED	_____	UNDETERMINED
62.78.	STORE # 0023 - TOWN OF GREENEVILLE - BEER LICENSE # 181	UNDETERMINED	_____	UNDETERMINED
62.79.	STORE # 0023 - TOWN OF GREENEVILLE - LIQUOR LICENSE	UNDETERMINED	_____	UNDETERMINED
62.80.	STORE # 0023 - TOWN OF GREENEVILLE RETAIL/BUSINESS LICENSE # 2012 22443	UNDETERMINED	_____	UNDETERMINED
62.81.	STORE # 0024 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSE # 00128644MB	UNDETERMINED	_____	UNDETERMINED

Debtor	CAFE ENTERPRISES, INC.		Case number (if known) 18-05838
62.82.	STORE # 0024 - NC DENR - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.83.	STORE # 0025 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046357-PBW	UNDETERMINED	UNDETERMINED
62.84.	STORE # 0025 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046357-PLB	UNDETERMINED	UNDETERMINED
62.85.	STORE # 0025 - SC DHEC - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.86.	STORE # 0026 - COLUMBIA COUNTY - BEER/WINE LICENSE # 724	UNDETERMINED	UNDETERMINED
62.87.	STORE # 0026 - COLUMBIA COUNTY - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.88.	STORE # 0026 - COLUMBIA COUNTY RETAIL/BUSINESS LICENSE # 15967	UNDETERMINED	UNDETERMINED
62.89.	STORE # 0026 - GA DEPT OF REVENUE - BEER/WINE/ALCOHOL LICENSE # 47325	UNDETERMINED	UNDETERMINED
62.90.	STORE # 0027 - CITY OF ROCK HILL RETAIL/BUSINESS LICENSE # 1425	UNDETERMINED	UNDETERMINED
62.91.	STORE # 0027 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046345-PBW	UNDETERMINED	UNDETERMINED
62.92.	STORE # 0027 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046345-PLB	UNDETERMINED	UNDETERMINED
62.93.	STORE # 0027 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LICENSE # 32046345-LOP	UNDETERMINED	UNDETERMINED
62.94.	STORE # 0027 - SC DHEC - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.95.	STORE # 0028 - CITY OF BRISTOL - BEER LICENSE # 185	UNDETERMINED	UNDETERMINED
62.96.	STORE # 0028 - CITY OF BRISTOL RETAIL/BUSINESS LICENSE # 2012-24285	UNDETERMINED	UNDETERMINED
62.97.	STORE # 0028 - SULLIVAN COUNTY RETAIL/BUSINESS LICENSE # 92582	UNDETERMINED	UNDETERMINED
62.98.	STORE # 0028 - TN ABC COMMISSION - LIQUOR LICENSE BY THE DRINK # 52479	UNDETERMINED	UNDETERMINED
62.99.	STORE # 0028 - TN HEALTH - HEALTH PERMIT # 184367/184368	UNDETERMINED	UNDETERMINED
62.100.	STORE # 0029 - BARROW COUNTY - BEER/WINE LICENSE # 2005-032	UNDETERMINED	UNDETERMINED
62.101.	STORE # 0029 - BARROW COUNTY - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.102.	STORE # 0029 - BARROW COUNTY RETAIL/BUSINESS LICENSE # 2007-6937	UNDETERMINED	UNDETERMINED
62.103.	STORE # 0029 - GA DEPT OF REVENUE - BEER/WINE/ALCOHOL LICENSE # 49610	UNDETERMINED	UNDETERMINED
62.104.	STORE # 0030 - CITY OF ROCKINGHAM RETAIL/BUSINESS LICENSE # 60230	UNDETERMINED	UNDETERMINED
62.105.	STORE # 0030 - CITY OF ROCKINHAM - BEER/WINE LICENSE # 602300	UNDETERMINED	UNDETERMINED
62.106.	STORE # 0030 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSE # 00140020MB	UNDETERMINED	UNDETERMINED
62.107.	STORE # 0030 - NC DENR - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.108.	STORE # 0030 - RICHMOND COUNTY - BEER/WINE LICENSE # 3803	UNDETERMINED	UNDETERMINED
62.109.	STORE # 0032 - CITY OF MARION - BEER/WINE LICENSE	UNDETERMINED	UNDETERMINED
62.110.	STORE # 0032 - CITY OF MARION - BEER/WINE LICENSE # 6516	UNDETERMINED	UNDETERMINED

Debtor	CAFE ENTERPRISES, INC.		Case number (if known) 18-05838
62.111.	STORE # 0032 - CITY OF MARION RETAIL/BUSINESS LICENSE # 7944	UNDETERMINED	UNDETERMINED
62.112.	STORE # 0032 - MCDOWELL COUNTY ACL LICENSE	UNDETERMINED	UNDETERMINED
62.113.	STORE # 0032 - N.C. ABC COMMISSION - MIXED BEVERAGES LICENSES 00140809	UNDETERMINED	UNDETERMINED
62.114.	STORE # 0032 - NC DENR - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.115.	STORE # 0033 - CITY OF AIKEN RETAIL/BUSINESS LICENSE # 20144	UNDETERMINED	UNDETERMINED
62.116.	STORE # 0033 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046342-PBW	UNDETERMINED	UNDETERMINED
62.117.	STORE # 0033 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046342-PLB	UNDETERMINED	UNDETERMINED
62.118.	STORE # 0033 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LICENSE # 32046342-LOP	UNDETERMINED	UNDETERMINED
62.119.	STORE # 0033 - SC DHEC - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.120.	STORE # 0034 - CARTER COUNTY RETAIL/BUSINESS LICENSE # 26152	UNDETERMINED	UNDETERMINED
62.121.	STORE # 0034 - CITY OF ELIZABETHTON - BEER LICENSE # 48	UNDETERMINED	UNDETERMINED
62.122.	STORE # 0034 - CITY OF ELIZABETHTON RETAIL/BUSINESS LICENSE # 10972	UNDETERMINED	UNDETERMINED
62.123.	STORE # 0034 - TN ABC COMMISSION LIQUOR LICENSE BY THE DRINK LICENSE # 14302	UNDETERMINED	UNDETERMINED
62.124.	STORE # 0034 - TN HEALTH - HEALTH PERMIT # 189511/189512	UNDETERMINED	UNDETERMINED
62.125.	STORE # 0035 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046353-PBW	UNDETERMINED	UNDETERMINED
62.126.	STORE # 0035 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046353-PLB	UNDETERMINED	UNDETERMINED
62.127.	STORE # 0035 - SC DHEC - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.128.	STORE # 0036 - SC DHEC - HEALTH PERMIT	UNDETERMINED	UNDETERMINED
62.129.	STORE # 0037 - CITY OF KINGSPORT - BEER LICENSE # 528	UNDETERMINED	UNDETERMINED
62.130.	STORE # 0037 - CITY OF KINGSPORT RETAIL/BUSINESS LICENSE # 17-00009293	UNDETERMINED	UNDETERMINED
62.131.	STORE # 0037 - SULLIVAN COUNTY RETAIL/BUSINESS LICENSE # 123833	UNDETERMINED	UNDETERMINED
62.132.	STORE # 0037 - TN ABC COMMISSION - LIQUOR LICENSE BY THE DRINK # 20650	UNDETERMINED	UNDETERMINED
62.133.	STORE # 0037 - TN HEALTH - HEALTH PERMIT # 192581/192582	UNDETERMINED	UNDETERMINED
62.134.	STORE # 0038 - CITY OF CAMDEN RETAIL/BUSINESS LICENSE # 20160048	UNDETERMINED	UNDETERMINED
62.135.	STORE # 0038 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046362-PBW	UNDETERMINED	UNDETERMINED
62.136.	STORE # 0038 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046362-PLB	UNDETERMINED	UNDETERMINED
62.137.	STORE # 0038 - S C DEPT OF REV & TAX - SUNDAY LIQUOR LICENSE # 320463627-LOP	UNDETERMINED	UNDETERMINED
62.138.	STORE # 0038 - SC DHEC - HEALTH PERMIT	UNDETERMINED	UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.** Case number (if known) **18-05838**

62.139.	STORE # 0039 - CITY OF CLINTON RETAIL/BUSINESS LICENSE # 175102	UNDETERMINED	_____	UNDETERMINED
62.140.	STORE # 0039 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32046363-PBW	UNDETERMINED	_____	UNDETERMINED
62.141.	STORE # 0039 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32046363-PLB	UNDETERMINED	_____	UNDETERMINED
62.142.	STORE # 0039 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.143.	STORE # 0040 - ATHENS-CLARKE COUNTY RETAIL/BUSINESS LICENSE # BT-0089637	UNDETERMINED	_____	UNDETERMINED
62.144.	STORE # 0040 - CLARKE CO - BEER/WINE/LBD LICENSE # AL-0089480	UNDETERMINED	_____	UNDETERMINED
62.145.	STORE # 0040 - CLARKE COUNTY - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.146.	STORE # 0040 - GA DEPT OF REVENUE - BEER/WINE/LBD STATE # 183782	UNDETERMINED	_____	UNDETERMINED
62.147.	STORE # 0042 - CITY OF BLAIRSVILLE LICENSE	UNDETERMINED	_____	UNDETERMINED
62.148.	STORE # 0042 - CITY OF BLAIRSVILLE RETAIL/BUSINESS LICENSE # 304997810	UNDETERMINED	_____	UNDETERMINED
62.149.	STORE # 0042 - GA DEPT OF REVENUE - BEER/WINE/ALCOHOL LICENSE # 57857	UNDETERMINED	_____	UNDETERMINED
62.150.	STORE # 0042 - UNION COUNTY - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.151.	STORE # 0043 - PULASKI COUNTY - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.152.	STORE # 0043 - PULASKI COUNTY RETAIL/BUSINESS LICENSE # 001124	UNDETERMINED	_____	UNDETERMINED
62.153.	STORE # 0043 - VA DEPT OF ALCOHOLIC BEV. - BEER/WINE/LIQUOR LICENSE # 050220	UNDETERMINED	_____	UNDETERMINED
62.154.	STORE # 0045 - CITY OF JASPER - BEER/WINE LICENSE # 36H	UNDETERMINED	_____	UNDETERMINED
62.155.	STORE # 0045 - CITY OF JASPER ALC LIC LICENSE # 36H	UNDETERMINED	_____	UNDETERMINED
62.156.	STORE # 0045 - CITY OF JASPER RETAIL/BUSINESS LICENSE # 388	UNDETERMINED	_____	UNDETERMINED
62.157.	STORE # 0045 - GA DEPT OF REVENUE - BEER/WINE LICENSE # 52663	UNDETERMINED	_____	UNDETERMINED
62.158.	STORE # 0045 - PICKENS COUNTY - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.159.	STORE # 0046 - S C DEPT OF REV & TAX - BEER/WINE LICENSE # 32044207-PBW	UNDETERMINED	_____	UNDETERMINED
62.160.	STORE # 0046 - S C DEPT OF REV & TAX - LIQUOR LICENSE # 32044207-PLB	UNDETERMINED	_____	UNDETERMINED
62.161.	STORE # 0046 - SC DHEC - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.162.	STORE # 0046 - TOWN OF CHERAW RETAIL/BUSINESS LICENSE # 20167502	UNDETERMINED	_____	UNDETERMINED
62.163.	STORE # 0049 - NC ABC COMMISSION - EST. ALCOHOL # 00163373	UNDETERMINED	_____	UNDETERMINED
62.164.	STORE # 0049 - NC DENR - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED
62.165.	STORE # 0049 - TOWN OF FRANKLIN - BEER/WINE LICENSE # 1132	UNDETERMINED	_____	UNDETERMINED
62.166.	STORE # 0049 - TOWN OF FRANKLIN RETAIL/BUSINESS LICENSE # 5995	UNDETERMINED	_____	UNDETERMINED
62.167.	STORE # 0050 - CALDWELL COUNTY COUNTY LICENSES	UNDETERMINED	_____	UNDETERMINED



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

62.168.	STORE # 0050 - CITY OF LENOIR RETAIL/BUSINESS LICENSE # 5322	UNDETERMINED	_____	UNDETERMINED
62.169.	STORE # 0050 - CITY OF LENOIR CITY LICENSES	UNDETERMINED	_____	UNDETERMINED
62.170.	STORE # 0050 - NC ABC COMMISSION - STATE ALCOHOL LICENSE # 0163106	UNDETERMINED	_____	UNDETERMINED
62.171.	STORE # 0050 - NC DENR - HEALTH PERMIT	UNDETERMINED	_____	UNDETERMINED

**63. Customer lists, mailing lists, or other compilations**

63.1.	CUSTOMER LIST	UNDETERMINED	_____	UNDETERMINED
63.2.	CLASSIC CLUB LOYALTY PROGRAM	UNDETERMINED	_____	UNDETERMINED

**64. Other intangibles, or intellectual property**

64.1.	_____	\$ _____	_____	\$ _____
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**65. Goodwill**

65.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

**66. Total of part 10**

Add lines 60 through 65. Copy the total to line 89.

UNDETERMINED

**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☐ No  
☒ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of debtor's interest

**71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	= ..... → \$ _____

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. GEORGIA DEPARTMENT OF REVENUE	\$500.00	\$1,423,039.00	2017	\$500.00
72.2. NORTH CAROLINA	\$930.00	\$2,914,073.00	2017	\$930.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

72.3.	SOUTH CAROLINA	\$654.00	\$5,653,535.00	2017	\$654.00
72.4.	TENNESSEE	\$0.00	\$528,860.00	2017	UNDETERMINED
72.5.	VIRGINIA	\$300.00	N/A	2017	\$300.00

**73. Interests in insurance policies or annuities**

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	ZURICH	WC 0174347 04	_____	_____	_____	UNDETERMINED
73.2.	ZURICH	CPO 0174345 04	_____	_____	_____	UNDETERMINED
73.3.	ZURICH	CPO 0174345 04	_____	_____	_____	UNDETERMINED
73.4.	ZURICH	CPO 0174345 04	_____	_____	_____	UNDETERMINED
73.5.	ZURICH	AUC 0174332 04	_____	_____	_____	UNDETERMINED
73.6.	THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY	FBP 2359141	_____	_____	_____	UNDETERMINED
73.7.	LLOYDS OF LONDON	U718-860156	_____	_____	_____	UNDETERMINED
73.8.	STRATFORD INSURANCE COMPANY	PDO0000010N	_____	_____	_____	UNDETERMINED

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.	_____	\$ _____	\$ _____

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

**76. Trusts, equitable or future interests in property**

76.1.	_____	\$ _____
-------	-------	----------

**77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1.	_____	\$ _____
-------	-------	----------

**78. Total of part 11**

Add lines 71 through 77. Copy the total to line 90.

\$2,384.00
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**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No  
☐ Yes

Debtor **CAFE ENTERPRISES, INC.**Case number (if known) **18-05838****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$129,698.85	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$146,355.39	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$263,320.75	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$821,929.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$181,267.24	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$1,730,764.47	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		\$2,905,760.04
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i> UNDETERMINED		
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> + \$2,384.00		
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$3,275,719.70	+ 91b. \$2,905,760.04
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$6,181,479.74

**Fill in this information to identify the case:**

**Debtor name:** CAFE ENTERPRISES, INC.

**United States Bankruptcy Court for the:** District of South Carolina

**Case number (if known):** 18-05838

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

Column A <b>Amount of Claim</b> Do not deduct the value of collateral.	Column B <b>Value of collateral that supports this claim</b>
------------------------------------------------------------------------------	-----------------------------------------------------------------

2.1. **Creditor's name and address**

ATALAYA ADMINISTRATIVE LLP AS AGENT  
C/O ATALAYA CAPITAL MANAGEMENT, LP  
ATTN: EVERETT INDART  
780 THIRD AVENUE, 27TH FLOOR  
NEW YORK NY 10017

**Creditor's email address, if known**

---

**Date debt was incurred:** 3/21/2014

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.  
ATALAYA, AS ADMINISTRATIVE AGENT HAS A FIRST LIEN PRIORTY, AND THE LIEN OF BENEFIT STREET PARTNERS, AS AGENT, IS SUBORDINATE TO THE LIEN OF ATALAYA

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

ALL ASSETS

\$9,698,584.13

UNDETERMINED

**Describe the lien**

FIRST LIEN LENDER

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>2.2. Creditor's name and address</b>  BENEFIT STREET PARTNERS, AS AGENT SERGE KOZMIN 50 KENNEDY PLAZA 18TH FLOOR PROVIDENCE RI 02903  <b>Creditor's email address, if known</b> _____  <b>Date debt was incurred:</b> 5/5/2017  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.1	<b>Describe debtor's property that is subject to a lien</b>  ALL ASSETS SUBJECT TO FIRST LIEN      \$2,000,000.00      UNDETERMINED LENDERS  <b>Describe the lien</b>  SECOND LIEN LENDER  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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<b>2.3. Creditor's name and address</b>  SYSCO CHARLOTTE, LLC 4500 CORPORATE DR NW CONCORD NC 28027  <b>Creditor's email address, if known</b> _____  <b>Date debt was incurred:</b> 9/21/2017  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines: _____	<b>Describe debtor's property that is subject to a lien</b>  ALL PRESENTLY OWNED OR HEREAFTER      UNDETERMINED      UNDETERMINED ACQUIRED PROPERTY  <b>Describe the lien</b>  UCC-1 RECORDED 9/21/2017 IN SOUTH CAROLINA AS DOCUMENT # 160921-162201  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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<b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>	<b>\$11,698,584.13</b>
----------------------------------------------------------------------------------------------------------------------	------------------------

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	HOLLAND & KNIGHT LLP BRENT MCILWAIN 200 CRESCENT COURT STE 1600 DALLAS TX 75201	Line 2.1	_____
3.2.	HOLLAND & KNIGHT LLP BRIAN SMITH 200 CRESCENT COURT STE 1600 DALLAS TX 75201	Line 2.1	_____
3.3.	MADISON CAPITAL FUNDING LLC, AS AGENT 30 S. WACKER DR STE 3700 CHICAGO IL 60606	Line 2.1	_____
3.4.	MILESTONE PARTNERS III LP 555 EAST LANCASTER AVE STE 500 RADNOR PA 19087	Line 2.1	_____
3.5.	MILESTONE PARTNERS III LP 555 EAST LANCASTER AVE STE 500 RADNOR PA 19087	Line 2.2	_____
3.6.	MILESTONE PARTNERS III LP 2 555 EAST LANCASTER AVE STE 500 RADNOR PA 19087	Line 2.1	_____
3.7.	MILESTONE PARTNERS III LP 2 555 EAST LANCASTER AVE STE 500 RADNOR PA 19087	Line 2.2	_____
3.8.	MOORE & VAN ALLEN PLLC DAVID B WHEELER;REID E DYER 78 WENTWORTH ST POST OFFICE BOX 22828 CHARLESTON SC 29413-2828	Line 2.2	_____
3.9.	SHRAYNE CAPITAL LLC 23011 LAGUNA POINT DR KATHY TX 77450	Line 2.1	_____
3.10.	SYSCO JEFF KESTNER 131 SYSCO CT COLUMBIA SC 29209	Line 2.3	_____
3.11.	SYSCO CHARLOTTE LLC 4500 CORPORATE DR NW CONCORD NC 28027	Line 2.3	_____

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.12.	SYSICO-CHARLOTTE TOM HAYES CASHIER PO BOX 96 CONCORD NC 28026	Line 2.3	_____
3.13.	TRIANGLE MEZZANINE FUND LLLP 3700 GLENWOOD AVE STE 530 RALEIGH NC 27612	Line 2.1	_____
3.14.	TRIANGLE MEZZANINE FUND LLLP HOLLAND & KNIGHT LLP BRENT MCILWAIN 200 CRESCENT COURT STE 1600 DALLAS TX 75201	Line 2.1	_____
3.15.	TRIANGLE MEZZANINE FUND LLLP HOLLAND & KNIGHT LLP BRENT MCILWAIN 200 CRESCENT COURT STE 1600 DALLAS TX 75201	Line 2.1	_____
3.16.	TRIANGLE MEZZANINE FUND LLLP AS AGENT HOLLAND & KNIGHT LLP BRENT MCILWAIN 200 CRESCENT COURT STE 1600 DALLAS TX 75201	Line 2.1	_____
3.17.	TRIANGLE MEZZANINE FUND LLLP AS AGENT HOLLAND & KNIGHT LLP BRENT MCILWAIN 200 CRESCENT COURT STE 1600 DALLAS TX 75201	Line 2.1	_____



**Fill in this information to identify the case:**

**Debtor name:** CAFE ENTERPRISES, INC.

**United States Bankruptcy Court for the:** District of South Carolina

**Case number (if known):** 18-05838

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	<b>Priority creditor's name and mailing address</b>  AIKEN COUNTY PO BOX 873 AIKEN SC 29802	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,590.62	<b>Priority amount</b> \$1,590.62
	<b>Date or dates debt was incurred</b> 2018	<b>Basis for the claim:</b> PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

2.2.	<b>Priority creditor's name and mailing address</b>  AIKEN COUNTY PO BOX 874 AIKEN SC 29803	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$27,140.02	<b>Priority amount</b> \$27,140.02
	<b>Date or dates debt was incurred</b> 2018	<b>Basis for the claim:</b> REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.3.	<b>Priority creditor's name and mailing address</b>  ANDERSON COUNTY PO BOX 8002 ANDERSON SC 29622  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,458.40</td></tr></table>	Total claim	\$3,458.40	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,458.40</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,458.40	Nonpriority amount	\$0.00
Total claim										
\$3,458.40										
Priority amount										
\$3,458.40										
Nonpriority amount										
\$0.00										
2.4.	<b>Priority creditor's name and mailing address</b>  ANDERSON COUNTY PO BOX 8003 ANDERSON SC 29623  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,458.40</td></tr></table>	Total claim	\$3,458.40	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,548.40</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,548.40	Nonpriority amount	\$0.00
Total claim										
\$3,458.40										
Priority amount										
\$3,548.40										
Nonpriority amount										
\$0.00										
2.5.	<b>Priority creditor's name and mailing address</b>  ANDERSON COUNTY PO BOX 8004 ANDERSON SC 29624  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$37,549.78</td></tr></table>	Total claim	\$37,549.78	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$37,549.78</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$37,549.78	Nonpriority amount	\$0.00
Total claim										
\$37,549.78										
Priority amount										
\$37,549.78										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.6.	<b>Priority creditor's name and mailing address</b>  ANDERSON COUNTY PO BOX 8005 ANDERSON SC 29625  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$37,549.78</td> </tr> </table>	Total claim	\$37,549.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$37,549.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$37,549.78	Nonpriority amount	\$0.00
Total claim										
\$37,549.78										
Priority amount										
\$37,549.78										
Nonpriority amount										
\$0.00										
2.7.	<b>Priority creditor's name and mailing address</b>  ATHENS-CLARKE COUNTY 325 E WASHINGTON ST ATHENS GA 30601  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 9480  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,200.00</td> </tr> </table>	Total claim	\$7,200.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$7,200.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$7,200.00	Nonpriority amount	\$0.00
Total claim										
\$7,200.00										
Priority amount										
\$7,200.00										
Nonpriority amount										
\$0.00										
2.8.	<b>Priority creditor's name and mailing address</b>  ATHENS-CLARKE COUNTY 325 E WASHINGTON ST ATHENS GA 30601  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 9480  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,088.00</td> </tr> </table>	Total claim	\$2,088.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,088.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,088.00	Nonpriority amount	\$0.00
Total claim										
\$2,088.00										
Priority amount										
\$2,088.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.9.	<b>Priority creditor's name and mailing address</b>  BARROW COUNTY 30 N BROAD STREET WINDER GA 30680  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 5-032  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$5,750.00</td></tr></table>	Total claim	\$5,750.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$5,750.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$5,750.00	Nonpriority amount	\$0.00
Total claim										
\$5,750.00										
Priority amount										
\$5,750.00										
Nonpriority amount										
\$0.00										
2.10.	<b>Priority creditor's name and mailing address</b>  BARROW COUNTY TAX COMMISSIONER 30 N BROAD ST WINDER GA 30680  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,263.29</td></tr></table>	Total claim	\$1,263.29	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,263.29</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,263.29	Nonpriority amount	\$0.00
Total claim										
\$1,263.29										
Priority amount										
\$1,263.29										
Nonpriority amount										
\$0.00										
2.11.	<b>Priority creditor's name and mailing address</b>  BARROW COUNTY TAX COMMISSIONER 30 N BROAD ST WINDER GA 30680  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,299.45</td></tr></table>	Total claim	\$1,299.45	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,299.45</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,299.45	Nonpriority amount	\$0.00
Total claim										
\$1,299.45										
Priority amount										
\$1,299.45										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.12.	<b>Priority creditor's name and mailing address</b>  BARROW COUNTY TAX COMMISSIONER 30 N BROAD ST WINDER GA 30680  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$17,510.32</td> </tr> </table>	Total claim	\$17,510.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$17,510.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$17,510.32	Nonpriority amount	\$0.00
Total claim										
\$17,510.32										
Priority amount										
\$17,510.32										
Nonpriority amount										
\$0.00										
2.13.	<b>Priority creditor's name and mailing address</b>  BARROW COUNTY TAX COMMISSIONER 30 N BROAD ST WINDER GA 30680  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$17,263.50</td> </tr> </table>	Total claim	\$17,263.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$17,263.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$17,263.50	Nonpriority amount	\$0.00
Total claim										
\$17,263.50										
Priority amount										
\$17,263.50										
Nonpriority amount										
\$0.00										
2.14.	<b>Priority creditor's name and mailing address</b>  BUNCOMBE COUNTY TAX DEPT 94 COXE AVE ASHEVILLE NC 28801  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,780.25</td> </tr> </table>	Total claim	\$2,780.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,780.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,780.25	Nonpriority amount	\$0.00
Total claim										
\$2,780.25										
Priority amount										
\$2,780.25										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.15.	<b>Priority creditor's name and mailing address</b>  BUNCOMBE COUNTY TAX DEPT 94 COXE AVE ASHEVILLE NC 28801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,557.29	<b>Priority amount</b> \$2,557.29
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.16.	<b>Priority creditor's name and mailing address</b>  BUNCOMBE COUNTY TAX DEPT 94 COXE AVE ASHEVILLE NC 28801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$17,997.02	<b>Priority amount</b> \$17,997.02
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.17.	<b>Priority creditor's name and mailing address</b>  BUNCOMBE COUNTY TAX DEPT 94 COXE AVE ASHEVILLE NC 28801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$18,184.90	<b>Priority amount</b> \$18,184.90
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.18.	<b>Priority creditor's name and mailing address</b>  BURKE COUNTY PO BOX 580150 CHARLOTTE NC 28258  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,480.74</td> </tr> </table>	Total claim	\$1,480.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,480.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,480.74	Nonpriority amount	\$0.00
Total claim										
\$1,480.74										
Priority amount										
\$1,480.74										
Nonpriority amount										
\$0.00										
2.19.	<b>Priority creditor's name and mailing address</b>  BURKE COUNTY PO BOX 580150 CHARLOTTE NC 28258  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,401.19</td> </tr> </table>	Total claim	\$1,401.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,401.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,401.19	Nonpriority amount	\$0.00
Total claim										
\$1,401.19										
Priority amount										
\$1,401.19										
Nonpriority amount										
\$0.00										
2.20.	<b>Priority creditor's name and mailing address</b>  BURKE COUNTY PO BOX 580150 CHARLOTTE NC 28258  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$9,295.22</td> </tr> </table>	Total claim	\$9,295.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$9,295.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$9,295.22	Nonpriority amount	\$0.00
Total claim										
\$9,295.22										
Priority amount										
\$9,295.22										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.21.	<b>Priority creditor's name and mailing address</b>  BURKE COUNTY PO BOX 580150 CHARLOTTE NC 28258  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$9,520.71</td> </tr> </table>	Total claim	\$9,520.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$9,520.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$9,520.71	Nonpriority amount	\$0.00
Total claim										
\$9,520.71										
Priority amount										
\$9,520.71										
Nonpriority amount										
\$0.00										
2.22.	<b>Priority creditor's name and mailing address</b>  CABARRUS COUNTY TAX COLLECTOR'S OFFICE PO BOX 580347 CHARLOTTE NC 28258  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$24,145.51</td> </tr> </table>	Total claim	\$24,145.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$24,145.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$24,145.51	Nonpriority amount	\$0.00
Total claim										
\$24,145.51										
Priority amount										
\$24,145.51										
Nonpriority amount										
\$0.00										
2.23.	<b>Priority creditor's name and mailing address</b>  CABARRUS COUNTY TAX COLLECTOR'S OFFICE PO BOX 580347 CHARLOTTE NC 28258  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,019.89</td> </tr> </table>	Total claim	\$3,019.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,019.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,019.89	Nonpriority amount	\$0.00
Total claim										
\$3,019.89										
Priority amount										
\$3,019.89										
Nonpriority amount										
\$0.00										



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.24.	<b>Priority creditor's name and mailing address</b>  CALDWELL COUNTY PO BOX 2200 LENIOR NC 28645  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,189.38</td></tr></table>	Total claim	\$1,189.38	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,189.38</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,189.38	Nonpriority amount	\$0.00
Total claim										
\$1,189.38										
Priority amount										
\$1,189.38										
Nonpriority amount										
\$0.00										
2.25.	<b>Priority creditor's name and mailing address</b>  CALDWELL COUNTY PO BOX 2201 LENIOR NC 28646  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,187.95</td></tr></table>	Total claim	\$1,187.95	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,187.95</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,187.95	Nonpriority amount	\$0.00
Total claim										
\$1,187.95										
Priority amount										
\$1,187.95										
Nonpriority amount										
\$0.00										
2.26.	<b>Priority creditor's name and mailing address</b>  CALDWELL COUNTY PO BOX 2202 LENIOR NC 28647  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$8,807.40</td></tr></table>	Total claim	\$8,807.40	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$8,807.40</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$8,807.40	Nonpriority amount	\$0.00
Total claim										
\$8,807.40										
Priority amount										
\$8,807.40										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.27.	<b>Priority creditor's name and mailing address</b>  CALDWELL COUNTY PO BOX 2203 LENIOR NC 28648  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$9,049.60	<b>Priority amount</b>  \$9,049.60  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.28.	<b>Priority creditor's name and mailing address</b>  CARTER COUNTY 801 ELK AVE ELIZABETHTON TN 37643  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,063.00	<b>Priority amount</b>  \$1,063.00  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.29.	<b>Priority creditor's name and mailing address</b>  CARTER COUNTY 802 ELK AVE ELIZABETHTON TN 37644  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$14,127.00	<b>Priority amount</b>  \$14,127.00  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.30.	<b>Priority creditor's name and mailing address</b>  CHARLESTON COUNTY PO BOX 100242 COLUMBIA SC 29202  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,705.54</td> </tr> </table>	Total claim	\$2,705.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,705.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,705.54	Nonpriority amount	\$0.00
Total claim										
\$2,705.54										
Priority amount										
\$2,705.54										
Nonpriority amount										
\$0.00										
2.31.	<b>Priority creditor's name and mailing address</b>  CHARLESTON COUNTY PO BOX 100243 COLUMBIA SC 29203  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39,293.41</td> </tr> </table>	Total claim	\$39,293.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$39,293.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$39,293.41	Nonpriority amount	\$0.00
Total claim										
\$39,293.41										
Priority amount										
\$39,293.41										
Nonpriority amount										
\$0.00										
2.32.	<b>Priority creditor's name and mailing address</b>  CHATHAM COUNTY TAX COMMISSIONER PO BOX 117037 ATLANTA GA 30368  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,179.59</td> </tr> </table>	Total claim	\$2,179.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,179.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,179.59	Nonpriority amount	\$0.00
Total claim										
\$2,179.59										
Priority amount										
\$2,179.59										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.33.	<b>Priority creditor's name and mailing address</b>  CHATHAM COUNTY TAX COMMISSIONER PO BOX 117038 ATLANTA GA 30369	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$11,228.56	<b>Priority amount</b> \$11,228.56
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.34.	<b>Priority creditor's name and mailing address</b>  CHEROKEE COUNTY TAX COLLECTOR 110 RAILROAD AVE GAFFENY SC 29340	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$16,494.38	<b>Priority amount</b> \$16,494.38
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.35.	<b>Priority creditor's name and mailing address</b>  CHEROKEE COUNTY TAX COLLECTOR 110 RAILROAD AVE GAFFENY SC 29340	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$16,494.38	<b>Priority amount</b> \$16,494.38
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.36.	<b>Priority creditor's name and mailing address</b>  CHEROKEE COUNTY TAX COLLECTOR 110 RAILROAD AVE GAFFENY SC 29340	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			\$19,194.83	\$19,194.83
				<b>Nonpriority amount</b>
				\$0.00
	<b>Date or dates debt was incurred</b>  2016	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.37.	<b>Priority creditor's name and mailing address</b>  CHESTERFILED COUNTY TREASURER PO BOX 750 CHESTERFIELD SC 29709	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			\$3,082.72	\$3,082.72
				<b>Nonpriority amount</b>
				\$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.38.	<b>Priority creditor's name and mailing address</b>  CHESTERFILED COUNTY TREASURER PO BOX 751 CHESTERFIELD SC 29710	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			\$32,451.67	\$32,451.67
				<b>Nonpriority amount</b>
				\$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.39.	<b>Priority creditor's name and mailing address</b>  CITY OF AIKEN PO BOX 2458 AIKEN SC 29802  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$540.45</td></tr></table>	Total claim	\$540.45	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$540.45</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$540.45	Nonpriority amount	\$0.00
Total claim										
\$540.45										
Priority amount										
\$540.45										
Nonpriority amount										
\$0.00										
2.40.	<b>Priority creditor's name and mailing address</b>  CITY OF AIKEN PO BOX 2459 AIKEN SC 29803  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$8,175.26</td></tr></table>	Total claim	\$8,175.26	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$8,175.26</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$8,175.26	Nonpriority amount	\$0.00
Total claim										
\$8,175.26										
Priority amount										
\$8,175.26										
Nonpriority amount										
\$0.00										
2.41.	<b>Priority creditor's name and mailing address</b>  CITY OF BLAIRSVILLE PO BOX 307 BLAIRSVILLE GA 30514  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$995.19</td></tr></table>	Total claim	\$995.19	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$995.19</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$995.19	Nonpriority amount	\$0.00
Total claim										
\$995.19										
Priority amount										
\$995.19										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.42.	<b>Priority creditor's name and mailing address</b>  CITY OF BLAIRSVILLE PO BOX 307 BLAIRSVILLE GA 30514  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 7857  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>\$3,200.00</td></tr></table>	Total claim	\$3,200.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>\$3,200.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,200.00	Nonpriority amount	\$0.00
Total claim										
\$3,200.00										
Priority amount										
\$3,200.00										
Nonpriority amount										
\$0.00										
2.43.	<b>Priority creditor's name and mailing address</b>  CITY OF BRISTOL PO BOX 1348 BRISTOL TN 37621  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>\$877.00</td></tr></table>	Total claim	\$877.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>\$877.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$877.00	Nonpriority amount	\$0.00
Total claim										
\$877.00										
Priority amount										
\$877.00										
Nonpriority amount										
\$0.00										
2.44.	<b>Priority creditor's name and mailing address</b>  CITY OF BRISTOL PO BOX 1348 BRISTOL TN 37621  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>\$877.00</td></tr></table>	Total claim	\$877.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>\$877.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$877.00	Nonpriority amount	\$0.00
Total claim										
\$877.00										
Priority amount										
\$877.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.45.	<b>Priority creditor's name and mailing address</b>  CITY OF BRISTOL PO BOX 1348 BRISTOL TN 37621  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$14,078.00</td> </tr> </table>	Total claim	\$14,078.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$14,078.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$14,078.00	Nonpriority amount	\$0.00
Total claim										
\$14,078.00										
Priority amount										
\$14,078.00										
Nonpriority amount										
\$0.00										
2.46.	<b>Priority creditor's name and mailing address</b>  CITY OF BRISTOL PO BOX 1348 BRISTOL TN 37621  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$14,078.00</td> </tr> </table>	Total claim	\$14,078.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$14,078.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$14,078.00	Nonpriority amount	\$0.00
Total claim										
\$14,078.00										
Priority amount										
\$14,078.00										
Nonpriority amount										
\$0.00										
2.47.	<b>Priority creditor's name and mailing address</b>  CITY OF BRISTOL PO BOX 1348 BRISTOL TN 37621  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$934.00</td> </tr> </table>	Total claim	\$934.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$934.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$934.00	Nonpriority amount	\$0.00
Total claim										
\$934.00										
Priority amount										
\$934.00										
Nonpriority amount										
\$0.00										



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.48.	<b>Priority creditor's name and mailing address</b>  CITY OF BRISTOL PO BOX 1348 BRISTOL TN 37621	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$934.00	<b>Priority amount</b> \$934.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.49.	<b>Priority creditor's name and mailing address</b>  CITY OF BRISTOL PO BOX 1348 BRISTOL TN 37621	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$100.00	<b>Priority amount</b> \$100.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  11/2018	<b>Basis for the claim:</b>  ALCOHOL LICENSE		
	<b>Last 4 digits of account number:</b> 185  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.50.	<b>Priority creditor's name and mailing address</b>  CITY OF ELIZABETHTON 136 S SYCAMORE ST ELIZABETHTON TN 37643	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$771.00	<b>Priority amount</b> \$771.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.51.	<b>Priority creditor's name and mailing address</b>  CITY OF ELIZABETHTON 137 S SYCAMORE ST ELIZABETHTON TN 37644  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$10,230.00	<b>Priority amount</b>  \$10,230.00  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.52.	<b>Priority creditor's name and mailing address</b>  CITY OF HENDERSONVILLE PO BOX 603068 CHARLOTTE NC 28260  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,969.41	<b>Priority amount</b>  \$1,969.41  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.53.	<b>Priority creditor's name and mailing address</b>  CITY OF JASPER 200 BURNT MOUNTAIN ROAD JASPER GA 30143  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 388  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  BUSINESS LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$75.00	<b>Priority amount</b>  \$75.00  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.54.	<b>Priority creditor's name and mailing address</b>  CITY OF KINGSPORT 225 W CENTER ST KINGSPORT TN 37660	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$956.99	<b>Priority amount</b> \$956.99
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.55.	<b>Priority creditor's name and mailing address</b>  CITY OF KINGSPORT 225 W CENTER ST KINGSPORT TN 37660	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$956.99	<b>Priority amount</b> \$956.99
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.56.	<b>Priority creditor's name and mailing address</b>  CITY OF KINGSPORT 225 W CENTER ST KINGSPORT TN 37660	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$11,191.14	<b>Priority amount</b> \$11,191.14
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.57.	<b>Priority creditor's name and mailing address</b>  CITY OF KINGSPORT 225 W CENTER ST KINGSPORT TN 37660  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$11,191.14</td> </tr> </table>	Total claim	\$11,191.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$11,191.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$11,191.14	Nonpriority amount	\$0.00
Total claim										
\$11,191.14										
Priority amount										
\$11,191.14										
Nonpriority amount										
\$0.00										
2.58.	<b>Priority creditor's name and mailing address</b>  CITY OF LENOIR PO BOX 958 LENOIR NC 28645  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,111.03</td> </tr> </table>	Total claim	\$1,111.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,111.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,111.03	Nonpriority amount	\$0.00
Total claim										
\$1,111.03										
Priority amount										
\$1,111.03										
Nonpriority amount										
\$0.00										
2.59.	<b>Priority creditor's name and mailing address</b>  CITY OF LENOIR PO BOX 959 LENOIR NC 28646  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,080.00</td> </tr> </table>	Total claim	\$1,080.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,080.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,080.00	Nonpriority amount	\$0.00
Total claim										
\$1,080.00										
Priority amount										
\$1,080.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.60.	<b>Priority creditor's name and mailing address</b>  CITY OF LENOIR PO BOX 960 LENOIR NC 28647  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,227.23</td> </tr> </table>	Total claim	\$8,227.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,227.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8,227.23	Nonpriority amount	\$0.00
Total claim										
\$8,227.23										
Priority amount										
\$8,227.23										
Nonpriority amount										
\$0.00										
2.61.	<b>Priority creditor's name and mailing address</b>  CITY OF LENOIR PO BOX 961 LENOIR NC 28648  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,227.23</td> </tr> </table>	Total claim	\$8,227.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,227.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8,227.23	Nonpriority amount	\$0.00
Total claim										
\$8,227.23										
Priority amount										
\$8,227.23										
Nonpriority amount										
\$0.00										
2.62.	<b>Priority creditor's name and mailing address</b>  CITY OF MARION CLAUDIA HILL PO DRAWER 700 MARION NC 28752  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,032.75</td> </tr> </table>	Total claim	\$1,032.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,032.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,032.75	Nonpriority amount	\$0.00
Total claim										
\$1,032.75										
Priority amount										
\$1,032.75										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.63.	<b>Priority creditor's name and mailing address</b>  CITY OF MARION CLAUDIA HILL PO DRAWER 701 MARION NC 28753	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$3,362.43	<b>Priority amount</b> \$3,362.43
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.64.	<b>Priority creditor's name and mailing address</b>  CITY OF MORGANTON PO BOX 3448 MORGANTON NC 28680	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,068.54	<b>Priority amount</b> \$1,068.54
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.65.	<b>Priority creditor's name and mailing address</b>  CITY OF MORGANTON PO BOX 3448 MORGANTON NC 28680	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,068.54	<b>Priority amount</b> \$1,068.54
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.66.	<b>Priority creditor's name and mailing address</b>  CITY OF MORGANTON PO BOX 3448 MORGANTON NC 28680  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$7,207.40	<b>Priority amount</b>  \$7,207.40  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.67.	<b>Priority creditor's name and mailing address</b>  CITY OF MORGANTON PO BOX 3448 MORGANTON NC 28680  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$7,207.40	<b>Priority amount</b>  \$7,207.40  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.68.	<b>Priority creditor's name and mailing address</b>  CITY OF ROCKINGHAM 514 ROCKINGHAM RD ROCKINGHAM NC 28379  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,102.92	<b>Priority amount</b>  \$1,102.92  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.69.	<b>Priority creditor's name and mailing address</b>  CITY OF ROCKINGHAM 514 ROCKINGHAM RD ROCKINGHAM NC 28379	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,902.43	<b>Priority amount</b> \$4,902.43
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.70.	<b>Priority creditor's name and mailing address</b>  CLARKE COUNTY TAX COMMISSIONER PO BOX 1768 ATHENS GA 30603	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,236.16	<b>Priority amount</b> \$2,236.16
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.71.	<b>Priority creditor's name and mailing address</b>  CLARKE COUNTY TAX COMMISSIONER PO BOX 1769 ATHENS GA 30604	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$23,936.58	<b>Priority amount</b> \$23,936.58
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.72.	<b>Priority creditor's name and mailing address</b>  CLARKE COUNTY TAX COMMISSIONER PO BOX 1770 ATHENS GA 30605	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$27,677.06	<b>Priority amount</b> \$27,677.06
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.73.	<b>Priority creditor's name and mailing address</b>  CLEVELAND COUNTY TAX COLLECTOR PO BOX 760 SHELBY NC 28151	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,845.28	<b>Priority amount</b> \$2,845.28
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.74.	<b>Priority creditor's name and mailing address</b>  CLEVELAND COUNTY TAX COLLECTOR PO BOX 760 SHELBY NC 28151	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,779.47	<b>Priority amount</b> \$2,779.47
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.75.	<b>Priority creditor's name and mailing address</b>  CLEVELAND COUNTY TAX COLLECTOR PO BOX 760 SHELBY NC 28151	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$15,535.06	<b>Priority amount</b> \$15,535.06
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.76.	<b>Priority creditor's name and mailing address</b>  CLEVELAND COUNTY TAX COLLECTOR PO BOX 760 SHELBY NC 28151	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$15,218.74	<b>Priority amount</b> \$15,218.74
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.77.	<b>Priority creditor's name and mailing address</b>  COLUMBIA COUNTY TAX COMMISSIONER PO BOX 3030 EVANS GA 30809	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,459.79	<b>Priority amount</b> \$1,459.79
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.78.	<b>Priority creditor's name and mailing address</b>  COLUMBIA COUNTY TAX COMMISSIONER PO BOX 3030 EVANS GA 30809  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$16,481.27	<b>Priority amount</b>  \$16,481.27  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.79.	<b>Priority creditor's name and mailing address</b>  COUNTY TREASURER (GB&S) PO BOX 100501 FLORENCE SC 29502  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$20,421.95	<b>Priority amount</b>  \$20,421.95  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.80.	<b>Priority creditor's name and mailing address</b>  COUNTY TREASURER (GB&S) PO BOX 100501 FLORENCE SC 29502  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$20,421.95	<b>Priority amount</b>  \$20,421.95  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.81.	<b>Priority creditor's name and mailing address</b>  COUNTY TREASURER (GB&S) PO BOX 100501 FLORENCE SC 29502	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$20,466.36	<b>Priority amount</b> \$20,466.36
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2016	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.82.	<b>Priority creditor's name and mailing address</b>  FLORENCE COUNTY PO BOX 100501 FLORENCE SC 29501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,656.37	<b>Priority amount</b> \$2,656.37
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.83.	<b>Priority creditor's name and mailing address</b>  FLORENCE COUNTY PO BOX 100501 FLORENCE SC 29501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,984.23	<b>Priority amount</b> \$2,984.23
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.84.	<b>Priority creditor's name and mailing address</b>  GA DEPARTMENT OF REVENUE PO BOX 740317 ATLANTA GA 30374  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 3782  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$200.00</td></tr></table>	Total claim	\$200.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>\$200.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$200.00	Nonpriority amount	\$0.00
Total claim										
\$200.00										
Priority amount										
\$200.00										
Nonpriority amount										
\$0.00										
2.85.	<b>Priority creditor's name and mailing address</b>  GA DEPARTMENT OF REVENUE PO BOX 740317 ATLANTA GA 30374  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 2663  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$200.00</td></tr></table>	Total claim	\$200.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>\$200.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$200.00	Nonpriority amount	\$0.00
Total claim										
\$200.00										
Priority amount										
\$200.00										
Nonpriority amount										
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2.86.	<b>Priority creditor's name and mailing address</b>  GA DEPARTMENT OF REVENUE PO BOX 740317 ATLANTA GA 30374  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 9610  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$200.00</td></tr></table>	Total claim	\$200.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>\$200.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$200.00	Nonpriority amount	\$0.00
Total claim										
\$200.00										
Priority amount										
\$200.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.87.	<b>Priority creditor's name and mailing address</b>  GA DEPARTMENT OF REVENUE PO BOX 740317 ATLANTA GA 30374	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$200.00	<b>Priority amount</b> \$200.00
	<b>Date or dates debt was incurred</b> 11/2018	<b>Basis for the claim:</b> ALCOHOL LICENSE		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b> 7857  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.88.	<b>Priority creditor's name and mailing address</b>  GA DEPARTMENT OF REVENUE PO BOX 740317 ATLANTA GA 30374	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$200.00	<b>Priority amount</b> \$200.00
	<b>Date or dates debt was incurred</b> 11/2018	<b>Basis for the claim:</b> ALCOHOL LICENSE		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b> 7325  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.89.	<b>Priority creditor's name and mailing address</b>  GA DEPARTMENT OF REVENUE PO BOX 740317 ATLANTA GA 30374	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$179,371.78	<b>Priority amount</b> \$179,371.78
	<b>Date or dates debt was incurred</b> 2017-2018	<b>Basis for the claim:</b> SALES & USE TAX		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b> 8777  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.90.	<b>Priority creditor's name and mailing address</b>  GASTON COUNTY PO BOX 580326 CHARLOTTE NC 28258  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$11,904.37</td> </tr> </table>	Total claim	\$11,904.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$11,904.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$11,904.37	Nonpriority amount	\$0.00
Total claim										
\$11,904.37										
Priority amount										
\$11,904.37										
Nonpriority amount										
\$0.00										
2.91.	<b>Priority creditor's name and mailing address</b>  GREENE COUNTY 204 N CUTLER ST SUITE 216 GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$684.00</td> </tr> </table>	Total claim	\$684.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$684.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$684.00	Nonpriority amount	\$0.00
Total claim										
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Nonpriority amount										
\$0.00										
2.92.	<b>Priority creditor's name and mailing address</b>  GREENE COUNTY 204 N CUTLER ST SUITE 216 GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$642.00</td> </tr> </table>	Total claim	\$642.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$642.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$642.00	Nonpriority amount	\$0.00
Total claim										
\$642.00										
Priority amount										
\$642.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.93.	<b>Priority creditor's name and mailing address</b>  GREENE COUNTY 204 N CUTLER ST SUITE 216 GREENEVILLE TN 37745	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$7,037.00	<b>Priority amount</b> \$7,037.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.94.	<b>Priority creditor's name and mailing address</b>  GREENE COUNTY 204 N CUTLER ST SUITE 216 GREENEVILLE TN 37745	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$7,267.00	<b>Priority amount</b> \$7,267.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.95.	<b>Priority creditor's name and mailing address</b>  GREENVILLE COUNTY 301 UNIVERSITY RIDGE GREENVILLE SC 29601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,350.77	<b>Priority amount</b> \$4,350.77
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.96.	<b>Priority creditor's name and mailing address</b>  GREENVILLE COUNTY 301 UNIVERSITY RIDGE SUITE 700 GREENVILLE SC 29601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$9,419.63	<b>Priority amount</b> \$9,419.63
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.97.	<b>Priority creditor's name and mailing address</b>  GREENVILLE COUNTY 301 UNIVERSITY RIDGE GREENVILLE SC 29601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,350.77	<b>Priority amount</b> \$4,350.77
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.98.	<b>Priority creditor's name and mailing address</b>  GREENWOOD COUNTY 528 MONUMENT ST R-101 GREENWOOD SC 29646	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,265.66	<b>Priority amount</b> \$4,265.66
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.99.	<b>Priority creditor's name and mailing address</b>  GREENWOOD COUNTY 528 MONUMENT ST R-101 GREENWOOD SC 29646	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,290.66	<b>Priority amount</b> \$4,290.66
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.100.	<b>Priority creditor's name and mailing address</b>  GREENWOOD COUNTY 528 MONUMENT ST R-101 GREENWOOD SC 29646	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$49,337.77	<b>Priority amount</b> \$49,337.77
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.101.	<b>Priority creditor's name and mailing address</b>  GUILFORD COUNTY TAX DEPARTMENT PO BOX 71072 CHARLOTTE NC 28272	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$83.22	<b>Priority amount</b> \$83.22
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.102.	<b>Priority creditor's name and mailing address</b>  GUILFORD COUNTY TAX DEPARTMENT PO BOX 71073 CHARLOTTE NC 28273	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$15,536.76	<b>Priority amount</b> \$15,536.76
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.103.	<b>Priority creditor's name and mailing address</b>  HENDERSON COUNTY TAX COLLECTOR 200 NORTH GROVE STREET HENDERSONVILLE NC 28792	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,270.84	<b>Priority amount</b> \$2,270.84
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.104.	<b>Priority creditor's name and mailing address</b>  Horry County Treasurer PO BOX 1828 Conway SC 29528	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,033.36	<b>Priority amount</b> \$2,033.36
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.105.	<b>Priority creditor's name and mailing address</b>  Horry County Treasurer PO BOX 1829 Conway SC 29529  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$15,757.88	<b>Priority amount</b>  \$15,757.88  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.106.	<b>Priority creditor's name and mailing address</b>  Houston County Tax Commissioner PO BOX 7799 Warner Robins GA 31095  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$2,046.22	<b>Priority amount</b>  \$2,046.22  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.107.	<b>Priority creditor's name and mailing address</b>  Houston County Tax Commissioner PO BOX 7800 Warner Robins GA 31096  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$11,179.18	<b>Priority amount</b>  \$11,179.18  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.108.	<b>Priority creditor's name and mailing address</b>  JACKIE W. WILLIAMS COUNTY TREASURER PO BOX 1267 GAFFENY SC 29342  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$2,925.77	<b>Priority amount</b>  \$2,925.77  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.109.	<b>Priority creditor's name and mailing address</b>  JACKIE W. WILLIAMS COUNTY TREASURER PO BOX 1267 GAFFENY SC 29342  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$3,063.76	<b>Priority amount</b>  \$3,063.76  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.110.	<b>Priority creditor's name and mailing address</b>  KERSHAW COUNTY TREASURER PO BOX 622 CAMDEN SC 29021  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$3,888.48	<b>Priority amount</b>  \$3,888.48  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.111.	<b>Priority creditor's name and mailing address</b>  KERSHAW COUNTY TREASURER PO BOX 623 CAMDEN SC 29022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$3,888.48	<b>Priority amount</b> \$3,888.48
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.112.	<b>Priority creditor's name and mailing address</b>  KERSHAW COUNTY TREASURER PO BOX 624 CAMDEN SC 29023	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$29,106.62	<b>Priority amount</b> \$29,106.62
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.113.	<b>Priority creditor's name and mailing address</b>  KERSHAW COUNTY TREASURER PO BOX 625 CAMDEN SC 29024	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$29,106.62	<b>Priority amount</b> \$29,106.62
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.114.	<b>Priority creditor's name and mailing address</b>  LAURENS COUNTY 22725 HWY 76E CLINTON SC 29325  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$4,131.47</td></tr></table>	Total claim	\$4,131.47	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$4,131.47</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,131.47	Nonpriority amount	\$0.00
Total claim										
\$4,131.47										
Priority amount										
\$4,131.47										
Nonpriority amount										
\$0.00										
2.115.	<b>Priority creditor's name and mailing address</b>  LAURENS COUNTY 22726 HWY 76E CLINTON SC 29326  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$4,131.47</td></tr></table>	Total claim	\$4,131.47	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$4,131.47</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,131.47	Nonpriority amount	\$0.00
Total claim										
\$4,131.47										
Priority amount										
\$4,131.47										
Nonpriority amount										
\$0.00										
2.116.	<b>Priority creditor's name and mailing address</b>  LAURENS COUNTY 22727 HWY 76E CLINTON SC 29327  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$27,899.22</td></tr></table>	Total claim	\$27,899.22	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$27,899.22</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$27,899.22	Nonpriority amount	\$0.00
Total claim										
\$27,899.22										
Priority amount										
\$27,899.22										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.117.	<b>Priority creditor's name and mailing address</b>  LAURENS COUNTY 22728 HWY 76E CLINTON SC 29328	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			\$27,899.22	\$27,899.22
				<b>Nonpriority amount</b>
				\$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.118.	<b>Priority creditor's name and mailing address</b>  LEXINGTON COUNTY TREASURER 212 SOUTH LAKE DR LEXINGTON SC 29072	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			\$16,082.12	\$16,082.12
				<b>Nonpriority amount</b>
				\$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.119.	<b>Priority creditor's name and mailing address</b>  LEXINGTON COUNTY TREASURER 212 SOUTH LAKE DR LEXINGTON SC 29072	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			\$16,082.12	\$16,082.12
				<b>Nonpriority amount</b>
				\$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.120.	<b>Priority creditor's name and mailing address</b>  LINCOLN COUNTY PO BOX 938 LINCOLNTON NC 28093  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$2,650.77	<b>Priority amount</b> \$2,650.77  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.121.	<b>Priority creditor's name and mailing address</b>  LINCOLN COUNTY PO BOX 938 LINCOLNTON NC 28093  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$2,827.45	<b>Priority amount</b> \$2,827.45  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.122.	<b>Priority creditor's name and mailing address</b>  LINCOLN COUNTY PO BOX 938 LINCOLNTON NC 28093  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$15,048.40	<b>Priority amount</b> \$15,048.40  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.123.	<b>Priority creditor's name and mailing address</b>  LINCOLN COUNTY PO BOX 938 LINCOLNTON NC 28093  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$15,048.40</td> </tr> </table>	Total claim	\$15,048.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$15,048.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$15,048.40	Nonpriority amount	\$0.00
Total claim										
\$15,048.40										
Priority amount										
\$15,048.40										
Nonpriority amount										
\$0.00										
2.124.	<b>Priority creditor's name and mailing address</b>  MACON COUNTY TAX COLLECTOR PO BOX 71059 CHAROLTTE NC 28272  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,985.93</td> </tr> </table>	Total claim	\$1,985.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,985.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,985.93	Nonpriority amount	\$0.00
Total claim										
\$1,985.93										
Priority amount										
\$1,985.93										
Nonpriority amount										
\$0.00										
2.125.	<b>Priority creditor's name and mailing address</b>  MACON COUNTY TAX COLLECTOR PO BOX 71060 CHAROLTTE NC 28273  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,016.26</td> </tr> </table>	Total claim	\$1,016.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,016.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,016.26	Nonpriority amount	\$0.00
Total claim										
\$1,016.26										
Priority amount										
\$1,016.26										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.126.	<b>Priority creditor's name and mailing address</b>  MACON COUNTY TAX COLLECTOR PO BOX 71061 CHAROLTTE NC 28274	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$5,093.23	<b>Priority amount</b> \$5,093.23
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.127.	<b>Priority creditor's name and mailing address</b>  MACON COUNTY TAX COLLECTOR PO BOX 71062 CHAROLTTE NC 28275	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$5,233.30	<b>Priority amount</b> \$5,233.30
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.128.	<b>Priority creditor's name and mailing address</b>  MCDOWELL COUNTY TAX COLLECTOR 60 E COURT ST MARION NC 28752	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,158.59	<b>Priority amount</b> \$1,158.59
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.129.	<b>Priority creditor's name and mailing address</b>  MCDOWELL COUNTY TAX COLLECTOR 61 E COURT ST MARION NC 28753	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,033.74	<b>Priority amount</b> \$4,033.74
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.130.	<b>Priority creditor's name and mailing address</b>  NC DEPARTMENT OF REVENUE PO BOX 25000 RALEIGH NC 27640	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$143,433.22	<b>Priority amount</b> \$143,433.22
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017-2018	<b>Basis for the claim:</b>  SALES & USE TAX		
	<b>Last 4 digits of account number:</b> 4946  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.131.	<b>Priority creditor's name and mailing address</b>  OCONEE COUNTY PO BOX 718 WEST UNION SC 29696	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,265.60	<b>Priority amount</b> \$2,265.60
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.132.	<b>Priority creditor's name and mailing address</b>  OCONEE COUNTY PO BOX 718 WEST UNION SC 29696  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$2,380.75	<b>Priority amount</b>  \$2,380.75  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.133.	<b>Priority creditor's name and mailing address</b>  OCONEE COUNTY PO BOX 718 WEST UNION SC 29696  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$2,562.69	<b>Priority amount</b>  \$2,562.69  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.134.	<b>Priority creditor's name and mailing address</b>  OCONEE COUNTY PO BOX 718 WEST UNION SC 29696  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$2,562.69	<b>Priority amount</b>  \$2,562.69  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.135.	<b>Priority creditor's name and mailing address</b>  ORANGEBURG COUNTY TREASURER PO BOX 9000 ORANGEBURG SC 29116	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,812.04	<b>Priority amount</b> \$4,812.04
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.136.	<b>Priority creditor's name and mailing address</b>  ORANGEBURG COUNTY TREASURER PO BOX 9000 ORANGEBURG SC 29116	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$5,030.77	<b>Priority amount</b> \$5,030.77
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.137.	<b>Priority creditor's name and mailing address</b>  ORANGEBURG COUNTY TREASURER PO BOX 9000 ORANGEBURG SC 29116	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$25,536.90	<b>Priority amount</b> \$25,536.90
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.138.	<b>Priority creditor's name and mailing address</b>  OREN L BRADY, SPARTANBURG COUNTY TREASURER PO BOX 100260 COLUMBIA SC 29202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,987.89	<b>Priority amount</b> \$2,987.89
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.139.	<b>Priority creditor's name and mailing address</b>  OREN L BRADY, SPARTANBURG COUNTY TREASURER PO BOX 100260 COLUMBIA SC 29202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$28,578.78	<b>Priority amount</b> \$28,578.78
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.140.	<b>Priority creditor's name and mailing address</b>  OREN L BRADY, SPARTANBURG COUNTY TREASURER PO BOX 100260 COLUMBIA SC 29202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,266.20	<b>Priority amount</b> \$2,266.20
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.141.	<b>Priority creditor's name and mailing address</b>  OREN L BRADY, SPARTANBURG COUNTY TREASURER PO BOX 100260 COLUMBIA SC 29202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$43,621.26	<b>Priority amount</b>  \$43,621.26
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.142.	<b>Priority creditor's name and mailing address</b>  PICKENS COUNTY 222 MCDANIEL AVE B-15 PICKENS SC 29671	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$2,110.53	<b>Priority amount</b>  \$2,110.53
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.143.	<b>Priority creditor's name and mailing address</b>  PICKENS COUNTY 222 MCDANIEL AVE B-15 PICKENS SC 29671	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$2,569.27	<b>Priority amount</b>  \$2,569.27
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.144.	<b>Priority creditor's name and mailing address</b>  PICKENS COUNTY 1266 E CHURCH ST SUITE 112 JASPER GA 30143	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$2,428.41	<b>Priority amount</b>  \$2,428.41
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.145.	<b>Priority creditor's name and mailing address</b>  PICKENS COUNTY 1267 E CHURCH ST SUITE 113 JASPER GA 30144	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$17,137.08	<b>Priority amount</b>  \$17,137.08
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.146.	<b>Priority creditor's name and mailing address</b>  PICKENS COUNTY 1268 E CHURCH ST SUITE 114 JASPER GA 30145	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$17,137.08	<b>Priority amount</b>  \$17,137.08
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.147.	<b>Priority creditor's name and mailing address</b>  PICKENS ENVIROMENTAL HEALTH 1266 E CHURCH STREET JASPER GA 30143	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$300.00	<b>Priority amount</b> \$300.00
	<b>Date or dates debt was incurred</b>  11/2018	<b>Basis for the claim:</b>  HEALTH PERMIT		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b> NA  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.148.	<b>Priority creditor's name and mailing address</b>  PULASKI COUNTY 52 W MAIN ST SUITE 200 PULASKI VA 24301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$7,480.73	<b>Priority amount</b> \$7,480.73
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.149.	<b>Priority creditor's name and mailing address</b>  PULASKI COUNTY 52 W MAIN ST SUITE 200 PULASKI VA 24301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$6,114.71	<b>Priority amount</b> \$6,114.71
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.150.	<b>Priority creditor's name and mailing address</b>  PULASKI COUNTY 52 W MAIN ST SUITE 200 PULASKI VA 24301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$6,472.24	<b>Priority amount</b> \$6,472.24
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.151.	<b>Priority creditor's name and mailing address</b>  PULASKI COUNTY 52 W MAIN ST SUITE 200 PULASKI VA 24301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$8,490.64	<b>Priority amount</b> \$8,490.64
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.152.	<b>Priority creditor's name and mailing address</b>  RICHLAND COUNTY PO BOX 8028 COLUMBIA SC 29202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,375.22	<b>Priority amount</b> \$4,375.22
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.153.	<b>Priority creditor's name and mailing address</b>  RICHLAND COUNTY PO BOX 8028 COLUMBIA SC 29202  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,375.22</td> </tr> </table>	Total claim	\$4,375.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,375.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,375.22	Nonpriority amount	\$0.00
Total claim										
\$4,375.22										
Priority amount										
\$4,375.22										
Nonpriority amount										
\$0.00										
2.154.	<b>Priority creditor's name and mailing address</b>  RICHLAND COUNTY PO BOX 8028 COLUMBIA SC 29202  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,457.05</td> </tr> </table>	Total claim	\$6,457.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,457.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,457.05	Nonpriority amount	\$0.00
Total claim										
\$6,457.05										
Priority amount										
\$6,457.05										
Nonpriority amount										
\$0.00										
2.155.	<b>Priority creditor's name and mailing address</b>  RICHLAND COUNTY PO BOX 8028 COLUMBIA SC 29202  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,457.05</td> </tr> </table>	Total claim	\$6,457.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,457.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,457.05	Nonpriority amount	\$0.00
Total claim										
\$6,457.05										
Priority amount										
\$6,457.05										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.156.	<b>Priority creditor's name and mailing address</b>  RICHLAND COUNTY TREASURER PO BOX 8028 COLUMBIA SC 29202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$4,187.49	<b>Priority amount</b> \$4,187.49
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.157.	<b>Priority creditor's name and mailing address</b>  RICHMOND COUNTY TAX COLLECTOR PO BOX 1070 CHARLOTTE NC 28201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,907.14	<b>Priority amount</b> \$1,907.14
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.158.	<b>Priority creditor's name and mailing address</b>  RICHMOND COUNTY TAX COLLECTOR PO BOX 1070 CHARLOTTE NC 28201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,906.12	<b>Priority amount</b> \$1,906.12
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.159.	<b>Priority creditor's name and mailing address</b>  RICHMOND COUNTY TAX COLLECTOR PO BOX 1070 CHARLOTTE NC 28201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$8,598.61	<b>Priority amount</b> \$8,598.61
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.160.	<b>Priority creditor's name and mailing address</b>  RICHMOND COUNTY TAX COLLECTOR PO BOX 1070 CHARLOTTE NC 28201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$8,412.23	<b>Priority amount</b> \$8,412.23
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.161.	<b>Priority creditor's name and mailing address</b>  RUTHERFORD COUNTY PO BOX 143 RUTHERFORDTON NC 28139	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,086.80	<b>Priority amount</b> \$2,086.80
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.162.	<b>Priority creditor's name and mailing address</b>  RUTHERFORD COUNTY PO BOX 143 RUTHERFORDTON NC 28139  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,200.58</td> </tr> </table>	Total claim	\$2,200.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,200.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,200.58	Nonpriority amount	\$0.00
Total claim										
\$2,200.58										
Priority amount										
\$2,200.58										
Nonpriority amount										
\$0.00										
2.163.	<b>Priority creditor's name and mailing address</b>  RUTHERFORD COUNTY PO BOX 143 RUTHERFORDTON NC 28139  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,681.17</td> </tr> </table>	Total claim	\$8,681.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,681.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8,681.17	Nonpriority amount	\$0.00
Total claim										
\$8,681.17										
Priority amount										
\$8,681.17										
Nonpriority amount										
\$0.00										
2.164.	<b>Priority creditor's name and mailing address</b>  RUTHERFORD COUNTY PO BOX 143 RUTHERFORDTON NC 28139  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,919.90</td> </tr> </table>	Total claim	\$8,919.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,919.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8,919.90	Nonpriority amount	\$0.00
Total claim										
\$8,919.90										
Priority amount										
\$8,919.90										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.165.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 6347  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,305.00</td></tr></table>	Total claim	\$2,305.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,305.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,305.00	Nonpriority amount	\$0.00
Total claim										
\$2,305.00										
Priority amount										
\$2,305.00										
Nonpriority amount										
\$0.00										
2.166.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 6347  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,050.00</td></tr></table>	Total claim	\$3,050.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,050.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,050.00	Nonpriority amount	\$0.00
Total claim										
\$3,050.00										
Priority amount										
\$3,050.00										
Nonpriority amount										
\$0.00										
2.167.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 6356  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,305.00</td></tr></table>	Total claim	\$2,305.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,305.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,305.00	Nonpriority amount	\$0.00
Total claim										
\$2,305.00										
Priority amount										
\$2,305.00										
Nonpriority amount										
\$0.00										



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.168.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 6356  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,050.00</td></tr></table>	Total claim	\$3,050.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,050.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,050.00	Nonpriority amount	\$0.00
Total claim										
\$3,050.00										
Priority amount										
\$3,050.00										
Nonpriority amount										
\$0.00										
2.169.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 3510  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,050.00</td></tr></table>	Total claim	\$3,050.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,050.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,050.00	Nonpriority amount	\$0.00
Total claim										
\$3,050.00										
Priority amount										
\$3,050.00										
Nonpriority amount										
\$0.00										
2.170.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 6346  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,305.00</td></tr></table>	Total claim	\$2,305.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,305.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,305.00	Nonpriority amount	\$0.00
Total claim										
\$2,305.00										
Priority amount										
\$2,305.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.171.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$3,050.00	<b>Priority amount</b> \$3,050.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b> 11/2018	<b>Basis for the claim:</b> ALCOHOL LICENSE		
	<b>Last 4 digits of account number:</b> 6346	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			
2.172.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$3,050.00	<b>Priority amount</b> \$3,050.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b> 11/2018	<b>Basis for the claim:</b> ALCOHOL LICENSE		
	<b>Last 4 digits of account number:</b> 6352	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			
2.173.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$2,305.00	<b>Priority amount</b> \$2,305.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b> 11/2018	<b>Basis for the claim:</b> ALCOHOL LICENSE		
	<b>Last 4 digits of account number:</b> 6681	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.174.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$3,050.00	<b>Priority amount</b>  \$3,050.00
				<b>Nonpriority amount</b>  \$0.00
	<b>Date or dates debt was incurred</b>  11/2018	<b>Basis for the claim:</b>  ALCOHOL LICENSE		
	<b>Last 4 digits of account number:</b> 6681	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			
2.175.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$2,305.00	<b>Priority amount</b>  \$2,305.00
				<b>Nonpriority amount</b>  \$0.00
	<b>Date or dates debt was incurred</b>  11/2018	<b>Basis for the claim:</b>  ALCOHOL LICENSE		
	<b>Last 4 digits of account number:</b> 6348	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			
2.176.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$3,050.00	<b>Priority amount</b>  \$3,050.00
				<b>Nonpriority amount</b>  \$0.00
	<b>Date or dates debt was incurred</b>  11/2018	<b>Basis for the claim:</b>  ALCOHOL LICENSE		
	<b>Last 4 digits of account number:</b> 6348	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.177.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 6342  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,050.00</td> </tr> </table>	Total claim	\$3,050.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,050.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,050.00	Nonpriority amount	\$0.00
Total claim										
\$3,050.00										
Priority amount										
\$3,050.00										
Nonpriority amount										
\$0.00										
2.178.	<b>Priority creditor's name and mailing address</b>  SCDOR-BEVERAGE LICENSING ABL SECTION COLUMBIA SC 29214  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 6363  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,305.00</td> </tr> </table>	Total claim	\$2,305.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,305.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,305.00	Nonpriority amount	\$0.00
Total claim										
\$2,305.00										
Priority amount										
\$2,305.00										
Nonpriority amount										
\$0.00										
2.179.	<b>Priority creditor's name and mailing address</b>  SPARTANBURG COUNTY TAX COLLECTOR PO BOX 3060 SPARTANBURG SC 29304  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,579.99</td> </tr> </table>	Total claim	\$4,579.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,579.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,579.99	Nonpriority amount	\$0.00
Total claim										
\$4,579.99										
Priority amount										
\$4,579.99										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.180.	<b>Priority creditor's name and mailing address</b>  SPARTANBURG COUNTY TAX COLLECTOR PO BOX 3060 SPARTANBURG SC 29304  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$28,578.78	<b>Priority amount</b>  \$28,578.78  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.181.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY PO BOX 550 BLOUNTVILLE TN 37617  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,035.00	<b>Priority amount</b>  \$1,035.00  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.182.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY PO BOX 550 BLOUNTVILLE TN 37617  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,035.00	<b>Priority amount</b>  \$1,035.00  <div style="background-color: #f0f0f0; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.183.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY PO BOX 550 BLOUNTVILLE TN 37617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$15,381.00	<b>Priority amount</b> \$15,381.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.184.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY PO BOX 550 BLOUNTVILLE TN 37617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$15,381.00	<b>Priority amount</b> \$15,381.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.185.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY 3528 HIGHWAY 126 SUITE 101 BLOUNTVILLE TN 37617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,236.00	<b>Priority amount</b> \$1,236.00
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.186.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY 3528 HIGHWAY 126 SUITE 101 BLOUNTVILLE TN 37617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$1,236.00	<b>Priority amount</b>  \$1,236.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.187.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY 3528 HIGHWAY 126 SUITE 101 BLOUNTVILLE TN 37617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$14,449.00	<b>Priority amount</b>  \$14,449.00
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.188.	<b>Priority creditor's name and mailing address</b>  SULLIVAN COUNTY 3528 HIGHWAY 126 SUITE 101 BLOUNTVILLE TN 37617	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b>  \$14,449.00	<b>Priority amount</b>  \$14,449.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b>  \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.189.	<b>Priority creditor's name and mailing address</b>  TOWN OF FRANKLIN PO BOX 1479 FRANKLIN NC 28744  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$739.60</td> </tr> </table>	Total claim	\$739.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$739.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$739.60	Nonpriority amount	\$0.00
Total claim										
\$739.60										
Priority amount										
\$739.60										
Nonpriority amount										
\$0.00										
2.190.	<b>Priority creditor's name and mailing address</b>  TOWN OF FRANKLIN PO BOX 1480 FRANKLIN NC 28745  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$686.34</td> </tr> </table>	Total claim	\$686.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$686.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$686.34	Nonpriority amount	\$0.00
Total claim										
\$686.34										
Priority amount										
\$686.34										
Nonpriority amount										
\$0.00										
2.191.	<b>Priority creditor's name and mailing address</b>  TOWN OF FRANKLIN PO BOX 1481 FRANKLIN NC 28746  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,963.90</td> </tr> </table>	Total claim	\$3,963.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,963.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,963.90	Nonpriority amount	\$0.00
Total claim										
\$3,963.90										
Priority amount										
\$3,963.90										
Nonpriority amount										
\$0.00										



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.192.	<b>Priority creditor's name and mailing address</b>  TOWN OF FRANKLIN PO BOX 1482 FRANKLIN NC 28747  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,468.42</td> </tr> </table>	Total claim	\$3,468.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,468.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,468.42	Nonpriority amount	\$0.00
Total claim										
\$3,468.42										
Priority amount										
\$3,468.42										
Nonpriority amount										
\$0.00										
2.193.	<b>Priority creditor's name and mailing address</b>  TOWN OF GREENEVILLE 200 N COLLEGE ST GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$803.00</td> </tr> </table>	Total claim	\$803.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$803.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$803.00	Nonpriority amount	\$0.00
Total claim										
\$803.00										
Priority amount										
\$803.00										
Nonpriority amount										
\$0.00										
2.194.	<b>Priority creditor's name and mailing address</b>  TOWN OF GREENEVILLE 200 N COLLEGE ST GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$807.00</td> </tr> </table>	Total claim	\$807.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$807.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$807.00	Nonpriority amount	\$0.00
Total claim										
\$807.00										
Priority amount										
\$807.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.195.	<b>Priority creditor's name and mailing address</b>  TOWN OF GREENEVILLE 200 N COLLEGE ST GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>\$8,260.00</td></tr></table>	Total claim	\$8,260.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>\$8,260.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$8,260.00	Nonpriority amount	\$0.00
Total claim										
\$8,260.00										
Priority amount										
\$8,260.00										
Nonpriority amount										
\$0.00										
2.196.	<b>Priority creditor's name and mailing address</b>  TOWN OF GREENEVILLE 200 N COLLEGE ST GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>\$9,140.00</td></tr></table>	Total claim	\$9,140.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>\$9,140.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$9,140.00	Nonpriority amount	\$0.00
Total claim										
\$9,140.00										
Priority amount										
\$9,140.00										
Nonpriority amount										
\$0.00										
2.197.	<b>Priority creditor's name and mailing address</b>  TOWN OF GREENEVILLE 200 N COLLEGE STREET GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b>  11/2018  <b>Last 4 digits of account number:</b> 181  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  ALCOHOL LICENSE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>\$100.00</td></tr></table>	Total claim	\$100.00	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>\$100.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$100.00	Nonpriority amount	\$0.00
Total claim										
\$100.00										
Priority amount										
\$100.00										
Nonpriority amount										
\$0.00										

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.198.	<b>Priority creditor's name and mailing address</b>  UNION COUNTY TAX COMMISSIONER 65 COURTHOUSE ST SUITE 3 BLAIRSVILLE GA 30512	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$998.73	<b>Priority amount</b> \$998.73
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.199.	<b>Priority creditor's name and mailing address</b>  UNION COUNTY TAX COMMISSIONER 65 COURTHOUSE ST SUITE 3 BLAIRSVILLE GA 30512	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$1,055.47	<b>Priority amount</b> \$1,055.47
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.200.	<b>Priority creditor's name and mailing address</b>  UNION COUNTY TAX COMMISSIONER 65 COURTHOUSE ST SUITE 3 BLAIRSVILLE GA 30512	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$8,987.92	<b>Priority amount</b> \$8,987.92
	<b>Date or dates debt was incurred</b>  2018	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		<b>Nonpriority amount</b> \$0.00
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.201.	<b>Priority creditor's name and mailing address</b>  YORK COUNTY TREASURER PO BOX 116 YORK SC 29745  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$3,523.70	<b>Priority amount</b> \$3,523.70  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.202.	<b>Priority creditor's name and mailing address</b>  YORK COUNTY TREASURER PO BOX 116 YORK SC 29745  <b>Date or dates debt was incurred</b>  2017  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  PERSONAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$3,523.70	<b>Priority amount</b> \$3,523.70  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00
2.203.	<b>Priority creditor's name and mailing address</b>  YORK COUNTY TREASURER PO BOX 116 YORK SC 29745  <b>Date or dates debt was incurred</b>  2018  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  REAL PROPERTY TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$29,816.30	<b>Priority amount</b> \$29,816.30  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.204.	<b>Priority creditor's name and mailing address</b>  YORK COUNTY TREASURER PO BOX 116 YORK SC 29745	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$29,816.30	<b>Priority amount</b> \$29,816.30
				<b>Nonpriority amount</b> \$0.00
	<b>Date or dates debt was incurred</b>  2017	<b>Basis for the claim:</b>  REAL PROPERTY TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	<b>Nonpriority creditor's name and mailing address</b> 1 CALL PLUMBING 7407 REEDY CREEK RD CHARLOTTE NC 28215  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$466.48
3.2.	<b>Nonpriority creditor's name and mailing address</b> 3 DIMENSIONS LAWN CARE 251 PLEASANT VALLEY ROAD CHERAW SC 29520  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,050.00
3.3.	<b>Nonpriority creditor's name and mailing address</b> 511 SPONSORSHIP GEORGIA, LLC 420 S HILL ST BUFORD GA 30518  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.4.	<b>Nonpriority creditor's name and mailing address</b> A BETTER CLEAN PO BOX 632 CLYDE NC 28721  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,160.00
3.5.	<b>Nonpriority creditor's name and mailing address</b> A LOCKSMITH 2756 MORGANTON BLVD SW LENIOR NC 28645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$303.17
3.6.	<b>Nonpriority creditor's name and mailing address</b> A ROOTER KING, INC PO BOX 6235 ASHEVILLE NC 28816-6235  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.7.	<b>Nonpriority creditor's name and mailing address</b> A.D.W. INC 334-B WINGO HEIGHTS RD SPARTANBURG SC 29301  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$530.00
3.8.	<b>Nonpriority creditor's name and mailing address</b> AAA APPLIANCE CARE 5644 SAXON AVE UNIT 5 N CHARLESTON SC 29406  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$335.00
3.9.	<b>Nonpriority creditor's name and mailing address</b> AAA SIGN COMPANY, INC PO BOX 211410 AUGUSTA GA 30917  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$377.84



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.10.	<b>Nonpriority creditor's name and mailing address</b> AB BACKFLOW, LLC PO BOX 1966 CANDLER NC 28715  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$66.34
3.11.	<b>Nonpriority creditor's name and mailing address</b> ABINGDON SNOW REMOVAL 1117 COLUMBIA ROAD BRISTOL TN 37620  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$750.00
3.12.	<b>Nonpriority creditor's name and mailing address</b> ABSOLUTE SIGN WORKS 1737-B POWDERSVILLE ROAD EASLEY SC 29642  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,794.06

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.13.	<b>Nonpriority creditor's name and mailing address</b> ACCESS POINT PO BOX 382828 PITTSBURGH PA 15251-8828  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,103.84
3.14.	<b>Nonpriority creditor's name and mailing address</b> ACE REFRIGERATION SERVICE 104 BLUEBIRD LANE BLUE RIDGE GA 30513  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,857.25
3.15.	<b>Nonpriority creditor's name and mailing address</b> ADAMS OUTDOOR ADVERTISING PO BOX 809140 CHICAGO IL 60680-9140  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,406.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.16.	<b>Nonpriority creditor's name and mailing address</b> ADP, INC PO BOX 842875 BOSTON MA 02284-2875  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,442.80
3.17.	<b>Nonpriority creditor's name and mailing address</b> ADVANCED RESTAURANT SERVICES P O BOX 595 SWANNANOA NC 28778  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$62,095.49
3.18.	<b>Nonpriority creditor's name and mailing address</b> AFFORDABLE DRAIN CLEANING&PLUMBING 50 HICKORY DR BRISTOL VA 24201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,830.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.19.	<b>Nonpriority creditor's name and mailing address</b> AFFORDABLE PLUMBING SOLUTIONS, INC 216 TIMBER RIDGE DR WARNER ROBINS GA 31088  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$278.00
3.20.	<b>Nonpriority creditor's name and mailing address</b> AFFORDABLE SERVICES 391 WEST PALMER ST FRANKLIN NC 28734  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,718.89
3.21.	<b>Nonpriority creditor's name and mailing address</b> AIKEN CHAMBER OF COMMERCE PO BOX 892 AIKEN SC 29802  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$455.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.22.	<b>Nonpriority creditor's name and mailing address</b> AIR SERVICES & REFRIGERATION SPECIALTIES, INC PO BOX 14651 SAVANNAH GA 31416  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$242.50
3.23.	<b>Nonpriority creditor's name and mailing address</b> ALAN GRAGG 996 SUNRISE CIR. NE LENOIR NC 28645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$860.99
3.24.	<b>Nonpriority creditor's name and mailing address</b> ALETHA, WASHINGTON 136 MEGAN LANE LEXINGTON SC 29073  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GENERAL LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.25.	<b>Nonpriority creditor's name and mailing address</b> ALEXANDER, KENNETH 245 STRASBURG DR SIMPSONVILLE SC 29681  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> OP PAYOUT BALANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$56,688.00
3.26.	<b>Nonpriority creditor's name and mailing address</b> ALL AMERICAN PLUMBING 124 WILLIAMS RD AUBURN GA 30011  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$625.00
3.27.	<b>Nonpriority creditor's name and mailing address</b> ALL SEASON LAWN AND MORE 399 BROYLES LANE BRISTOL TN 37620  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.28.	<b>Nonpriority creditor's name and mailing address</b> ALPHA MEDIA 1900 PINEVIEW DRIVE COLUMBIA SC 29209  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31,509.59
3.29.	<b>Nonpriority creditor's name and mailing address</b> ALPINE ELECTRIC SERVICE 523 SENECA DRIVE CAMDEN SC 29020  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$130.00
3.30.	<b>Nonpriority creditor's name and mailing address</b> ALTERNATIVE SOLUTIONS FLOOR CLEANING SERVICE 19 MEYER FARM RD ARNOLDSVILLE GA 30619  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,504.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.31.	<b>Nonpriority creditor's name and mailing address</b> AM WHKP 1450 1450 7TH AVE EAST HENDERSONVILLE NC 28792  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$154.14
3.32.	<b>Nonpriority creditor's name and mailing address</b> AMBIANCE RADIO 79 E DAILY DRIVE STE 263 CAMARILLO CA 93010  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,985.94
3.33.	<b>Nonpriority creditor's name and mailing address</b> AMJ LEASING, LLC PO BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$77.04



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.34.	<b>Nonpriority creditor's name and mailing address</b> AMPLIFII 2005 NEWPOINT PARKWAY #100 LAWRENCEVILLE GA 30043  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,228.65
3.35.	<b>Nonpriority creditor's name and mailing address</b> AN EXTREAM CLEAN 140 STATE AVE SUITE 101 CLAYTON NC 27520  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$387.00
3.36.	<b>Nonpriority creditor's name and mailing address</b> ANDERSON AREA CHAMBER 907 N MAIN STREET SUITE 200 ANDERSON SC 29621  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$765.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.37.	<b>Nonpriority creditor's name and mailing address</b> ANDERSON COUNTY SEWER PO BOX 13666 ANDERSON SC 29624  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$399.68
3.38.	<b>Nonpriority creditor's name and mailing address</b> ANDERSON PLUMBING & IRRIGATION, INC PO BOX 748 HARTSVILLE SC 29550  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$287.50
3.39.	<b>Nonpriority creditor's name and mailing address</b> APPALACHIAN ELECTRONICS 726 DOVER AVENUE APPALACHIAN ELECTRONICS MT. CARMEL TN 37645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,269.65

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.40.	<b>Nonpriority creditor's name and mailing address</b> APPALACHIAN POWER PO BOX 24414 CANTON OH 44701-4414  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,616.39
3.41.	<b>Nonpriority creditor's name and mailing address</b> ARAMARK AUS CENTRAL LOCKBOX PO BOX 731676 DALLAS TX 75373-1676  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$44,786.26
3.42.	<b>Nonpriority creditor's name and mailing address</b> AROUND THE CLOCK EQUIPMENT SERVICE 8334 ARROWRIDGE BLVD-STE D CHARLOTTE NC 28273  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$575.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.43.	<b>Nonpriority creditor's name and mailing address</b> AROUND THE CLOCK PLUMBING SER, INC 125 COTTONWOOD DRIVE SENECA SC 29678  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$426.44
3.44.	<b>Nonpriority creditor's name and mailing address</b> ARP'S CLEANING SERVICES 257 WEST VIEW DRIVE BLUE RIDGE GA 30513  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$350.00
3.45.	<b>Nonpriority creditor's name and mailing address</b> ARRINGTON, JACOB 325 JOCKEY CLUB DR ATHENS GA 30605  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> AUTO LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.46.	<b>Nonpriority creditor's name and mailing address</b> ARROW EXTERMINATORS 108 BLUE RIDGE HIGHWAY SUITE D BLAIRSVILLE GA 30512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
3.47.	<b>Nonpriority creditor's name and mailing address</b> ART FOWLER 123 VENUS WAY BONAIRE GA 31005  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$290.52
3.48.	<b>Nonpriority creditor's name and mailing address</b> ASHEVILLE AREA CHAMBER PO BOX 1010 ASHEVILLE NC 28802  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$656.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.49.	<b>Nonpriority creditor's name and mailing address</b> ASHEVILLE FIRE PROTECTION CO., INC PO BOX 6798 ASHEVILLE NC 28816  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$474.15
3.50.	<b>Nonpriority creditor's name and mailing address</b> ASPIRE FIRE SPRINKLER, INC PO BOX 1310 ELGIN SC 29045  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,906.25
3.51.	<b>Nonpriority creditor's name and mailing address</b> AT&T ATTN: REGIONAL SUMMARY BILL PO BOX 105320 ATLANTA GA 30348  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,062.36

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.52.	<b>Nonpriority creditor's name and mailing address</b> AT&T PO BOX 105262 ATLANTA GA 30348-5262  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$221.68
3.53.	<b>Nonpriority creditor's name and mailing address</b> ATC COOLING & HEATING 120 BROOKFIELD LANE KINGSPORT TN 37663  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$685.23
3.54.	<b>Nonpriority creditor's name and mailing address</b> ATHENS CLARKE COUNTY FINANCE DEPT PO BOX 16869 ATLANTA GA 30321-0869  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,738.45

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.55.	<b>Nonpriority creditor's name and mailing address</b> ATMOS ENERGY PO BOX 790311 ST. LOUIS MO 63179-0311  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,899.76
3.56.	<b>Nonpriority creditor's name and mailing address</b> ATMOS, PO BOX 790311 ST LOUIS MO 63179  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> AUTO LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.57.	<b>Nonpriority creditor's name and mailing address</b> AUGUST PRODUCE, INC PO BOX 961 HIGHLANDS NC 28741  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$92.00



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.58.	<b>Nonpriority creditor's name and mailing address</b> AUGUSTA CARPET CLEANING PO BOX 14622 AUGUSTA GA 30919  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,850.00
3.59.	<b>Nonpriority creditor's name and mailing address</b> AUTHORIZED COMMERCIAL EQUIP PO BOX 602739 CHARLOTTE NC 28260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$351.41
3.60.	<b>Nonpriority creditor's name and mailing address</b> AUTOMATIC FIRE SYSTEMS OF AUGUSTA 3326 MIKE PADGETT HWY AUGUSTA GA 30906  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$556.86

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.61.	<b>Nonpriority creditor's name and mailing address</b> AVERY HEATING & AIR CONDITIONING PO BOX 1418 NEWLAND NC 28657  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,506.40
3.62.	<b>Nonpriority creditor's name and mailing address</b> B AND T SAND COMPANY INC 715 BARRIER LN LEXINGTON SC 29073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$124,601.50
3.63.	<b>Nonpriority creditor's name and mailing address</b> B BROTHERS 1035 S BATESVILLE RD GREER SC 29650  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,164.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.64.	<b>Nonpriority creditor's name and mailing address</b> BAGAT, INC PO BOX 292148 KETTERING OH 45429  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$103.00
3.65.	<b>Nonpriority creditor's name and mailing address</b> BAILEY, GEORGE R JR. 125 JETT FOREST CT NW ATLANTA GA 30327  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$101,841.96
3.66.	<b>Nonpriority creditor's name and mailing address</b> BALLENTINE EQUIPMENT PO BOX 476 GREENVILLE SC 29601  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,645.53

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.67.	<b>Nonpriority creditor's name and mailing address</b> BARNETT FAMILY TRUST 16869 ENCINO HILLS DRIVE ENCINO CA 91436  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.68.	<b>Nonpriority creditor's name and mailing address</b> BARNETT FAMILY TRUST NATALIE BARNETT 16869 ENCINO HILLS DRIVE ENCINO CA 91436  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$38,000.00
3.69.	<b>Nonpriority creditor's name and mailing address</b> BARNETT,BILL 11908 DARLINGTON AVE PH 2 LOS ANGELES CA 90049  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.70.	<b>Nonpriority creditor's name and mailing address</b> BBI METRICS 17304 PRESTON ROAD SUITE 430 DALLAS TX 75252  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,641.25
3.71.	<b>Nonpriority creditor's name and mailing address</b> BB'S SERVICES 2204 HWY 14 SIMPSONVILLE SC 29681  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,725.00
3.72.	<b>Nonpriority creditor's name and mailing address</b> BDO USA, LLP PO BOX 642743 PITTSBURGH PA 15264-2743  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,500.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.73.	<b>Nonpriority creditor's name and mailing address</b> BECKS PLUMBING 311 MORROW STREET GREER SC 29650  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,110.00
3.74.	<b>Nonpriority creditor's name and mailing address</b> BENEFIT STREET PARTNERS, AS AGENT SERGE KOZMIN 50 KENNEDY PLAZA 18TH FLOOR PROVIDENCE RI 02903  <b>Date or dates debt was incurred</b> MARCH 21, 2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SENIOR SUBORDINATED CREDIT AGREEMENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,578,362.34
3.75.	<b>Nonpriority creditor's name and mailing address</b> BENFIELD MECHANICAL SER. INC PO BOX 3365 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$265.17

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.76.	<b>Nonpriority creditor's name and mailing address</b> BENJAMIN FRANKLIN PLUMBING 3307 NEW EASLEY HEY GREENVILLE SC 29611  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$407.00
3.77.	<b>Nonpriority creditor's name and mailing address</b> BENJAMIN FRANKLIN PLUMBING PO BOX 427 SOUTHERN PINES NC 28388  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,799.81
3.78.	<b>Nonpriority creditor's name and mailing address</b> BENNETT'S FIRE EXTINGUISHER 716 E. WASHINGTON ST EXT ROCKINGHAM NC 28379  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32.03

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.79.	<b>Nonpriority creditor's name and mailing address</b> BETHLEHEM LOCK AND KEY PO BOX 637 BETHLEHEM GA 30620  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$106.21
3.80.	<b>Nonpriority creditor's name and mailing address</b> BEVERAGE SOUTH 265 METROPOLITAN DRIVE WEST COLUMBIA SC 29170  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14.27
3.81.	<b>Nonpriority creditor's name and mailing address</b> BFPE PO BOX 791045 BALTIMORE MD 21279-1045  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,766.31



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.82.	<b>Nonpriority creditor's name and mailing address</b> BIRCH COMMUNICATIONS PO BOX 791371 BALTIMORE MD 21279-1371  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$234.52
3.83.	<b>Nonpriority creditor's name and mailing address</b> BLACK BOX 17304 PRESTON ROAD SUITE 430 DALLAS TX 75252  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,450.00
3.84.	<b>Nonpriority creditor's name and mailing address</b> BLACKBURN, SKYLLAR G 1902 EVANS MILL RD CHESTERFIELD SC 29709  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> AUTO LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.85.	<b>Nonpriority creditor's name and mailing address</b> BLAKLEY, SHELBY Y 416 E WASHINGTON STREET E ROCKINGHAM NC 28379  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.86.	<b>Nonpriority creditor's name and mailing address</b> BLUE OUTDOOR 419 PARK AVENUE SOUT, SUITE 605 NEW YORK NY 10016  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,400.00
3.87.	<b>Nonpriority creditor's name and mailing address</b> BLUE RIDGE ELECTRIC COOPERATIV PO BOX 277 PICKENS SC 29671  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,247.02

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.88.	<b>Nonpriority creditor's name and mailing address</b> BLUE RIDGE MOUNTAIN EMC PO BOX 9 YOUNG HARRIS GA 30582-0009  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,974.17
3.89.	<b>Nonpriority creditor's name and mailing address</b> BOARD OF PUBLIC WORKS PO BOX 64 GAFFNEY SC 29342  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,650.12
3.90.	<b>Nonpriority creditor's name and mailing address</b> BOOKER, RONNIE 163 B HIDDEN HILL RD SPARTANBURG SC 29301  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.91.	<b>Nonpriority creditor's name and mailing address</b> BOON ADMINISTRATIVE SERVICES, INC PO BOX 671227 DALLAS TX 75267-1227  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,308.81
3.92.	<b>Nonpriority creditor's name and mailing address</b> BORDER STATES PO BOX 603585 CHARLOTTE NC 28260-3585  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$476.18
3.93.	<b>Nonpriority creditor's name and mailing address</b> BRAD'S LAWN MAINTENANCE P.O. BOX 671 ANDERSON SC 29622  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.94.	<b>Nonpriority creditor's name and mailing address</b> BRAD'S LAWN MAINTENANCE PO BOX 671 ANDERSON SC 29622  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,800.00
3.95.	<b>Nonpriority creditor's name and mailing address</b> BRI-DARRA PO BOX 1733 CONWAY SC 29528  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,100.00
3.96.	<b>Nonpriority creditor's name and mailing address</b> BRISCALL ELECTRIC PO BOX 8128 GRAY TN 37615  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$492.21

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.97.	<b>Nonpriority creditor's name and mailing address</b> BRISTOL BROADCASTING COMPANY, INC PO BOX 1389 BRISTOL VA 24203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,619.40
3.98.	<b>Nonpriority creditor's name and mailing address</b> BRISTOL TN-VIRGINIA CHAMBER PO BOX 519 BRISTOL VA 24203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$359.00
3.99.	<b>Nonpriority creditor's name and mailing address</b> BRITTINGHAM PLUMBING CO., INC 1912-A CENTRAL AVE AUGUSTA GA 30904  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$550.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.100.	<b>Nonpriority creditor's name and mailing address</b> BROOKS & MALONE PLUMBING CONTRACTORS 3260 ASHEVILLE HWY GREENEVILLE TN 37743  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$327.63
3.101.	<b>Nonpriority creditor's name and mailing address</b> BROOKS ELECTRIC LLC 1018 HWY 246 N GREENWOOD SC 29649  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$230.00
3.102.	<b>Nonpriority creditor's name and mailing address</b> BROTHER AIR AND HEATING INC 1320 EAST MAIN ST ROCK HILL SC 29730  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$89.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.103.	<b>Nonpriority creditor's name and mailing address</b> BROWNS CLEANING SERVICE PO BOX 1733 AUGUSTA GA 30903  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$55.00
3.104.	<b>Nonpriority creditor's name and mailing address</b> BRYAN ROBERTSON 211 SEAGRAVES DR ATHENS GA 30605  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$603.00
3.105.	<b>Nonpriority creditor's name and mailing address</b> BTES PO BOX 549 BRISTOL TN 37621-0549  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,989.85



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.106.	<b>Nonpriority creditor's name and mailing address</b> BUCHANAN'S MAINTENANCE & WINDO 2131 WOODRUFF ROAD SUITE 2100 BOX 112 GREENVILLE SC 29607-5959  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.107.	<b>Nonpriority creditor's name and mailing address</b> BUCKNER PLUMBING, INC 1240 US HWY 70 WEST MARION NC 28752  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,496.52
3.108.	<b>Nonpriority creditor's name and mailing address</b> BUDDYS HARWARE 210 N BROAD ST CLINTON SC 29325  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$125.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.109.	<b>Nonpriority creditor's name and mailing address</b> BUFFINGTON, CHRIS W 2557 CAMREY COURT LAWRENCEVILLE GA 30044  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.110.	<b>Nonpriority creditor's name and mailing address</b> BULLARD, TYLER M 2433 TROUTMAN CIR CONWAY SC 29526  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.111.	<b>Nonpriority creditor's name and mailing address</b> BULLDOG RESTORATION 6210 TREVOR WAY YOUNG HARRIS GA 30582  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$900.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.112.	<b>Nonpriority creditor's name and mailing address</b> BURNS LANDSCAPING SERVICES 661 COOLEY ROAD GRAY COURT SC 29645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$645.00
3.113.	<b>Nonpriority creditor's name and mailing address</b> BUZZELL PLUMBING, HEATING & AIR 4811 RUSSELL PARKWAY WARNER ROBINS GA 31088  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,013.52
3.114.	<b>Nonpriority creditor's name and mailing address</b> C&N BIOLOGIC SOLUTIONS 137 ARROWOOD LANDING BLAIRSVILLE GA 30512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.115.	<b>Nonpriority creditor's name and mailing address</b> C.E. HOLT REFRIGERATION 3316 GIBBON ROAD CHARLOTTE NC 28269  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,876.07
3.116.	<b>Nonpriority creditor's name and mailing address</b> CALDWELL COUNTY CHAMBER 1909 HICKORY BLVD. SW LENOIR NC 28645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,000.00
3.117.	<b>Nonpriority creditor's name and mailing address</b> CALDWELL RESTAURANT EQUIPMENT 2702 NORWOOD ST. SW LENOIR NC 28645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$313.73

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.118.	<b>Nonpriority creditor's name and mailing address</b> CALVIN ELMORE 804 EAST MAINT ST SHELBY NC 28150  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$625.00
3.119.	<b>Nonpriority creditor's name and mailing address</b> CAMDEN MEDIA CO. PO BOX 1137 CAMDEN SC 29020  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$375.00
3.120.	<b>Nonpriority creditor's name and mailing address</b> CAMDEN PLUMBING CO, INC 2417 HAILE STREET CAMDEN SC 29020  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$621.04

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.121.	<b>Nonpriority creditor's name and mailing address</b> CARAWAY FIRE & SAFETY 4310 AUGUSTA ROAD LEXINGTON SC 29073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,348.13
3.122.	<b>Nonpriority creditor's name and mailing address</b> CARLAND SIGNS AND LIGHTING LLC PO BOX 852 LANCASTER SC 29721  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,785.00
3.123.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA BEER COMPANY PO BOX 938 ANDERSON SC 29622  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$192.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.124.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA CHILD CARE PROPERTIES RANDY DAVIS 887 JOHNNIE DODDS BLVD STE 208 MT. PLEASANT SC 29464  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$110,385.08
3.125.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA CHILD CARE PROPERTIES, LLC ATTN: DENNIS E. DREW, MGR. 887 JOHNNIE DODDS BLVD., STE. 208 MOUNT PLEASANT SC 29464  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.126.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA CUTLERY SERVICE INC. PO BOX 7106 CHARLOTTE NC 28241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.127.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA ELITE PLUMBING 2524 TIMBERWOOD LANE LENOIR NC 28645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$223.10
3.128.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA FIRE SAFETY PO BOX 2134 IRMO SC 29063  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$900.00
3.129.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA HEADWEAR, LLC 3124B BOLING SPRINGS RD BOILING SPRINGS SC 29316  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,360.32



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.130.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA KITCHENS INC 901 HIGHWAY 348 LORIS SC 29569  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,638.86
3.131.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA PRO PO BOX 1152 VALDESE NC 28690  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,620.00
3.132.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA R.C.S 105 PORT ROYAL DRIVE GREENVILLE SC 29615  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,195.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.133.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA SIGNS 3302 S NEW HOPE ROAD SUITE 300-B GASTONIA NC 28056  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.134.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA SOUND COMMUNICATIONS PO BOX 890711 CHARLOTTE NC 28289-0711  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$465.68
3.135.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA STITCHES, INC 103 CLAY STREET CLINTON SC 29325  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.136.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA UNDER PRESSURE 141 CEDAR DRIVE NW CONCORD NC 28025  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$825.00
3.137.	<b>Nonpriority creditor's name and mailing address</b> CAROLINA WINDOW WORKS 14 TYRE LANE TAYLORS SC 29687  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$350.00
3.138.	<b>Nonpriority creditor's name and mailing address</b> CARROLL CO CIRCUIT COURT PO BOX 218 HILLSVILLE VA 24343-0218  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7.06

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.139.	<b>Nonpriority creditor's name and mailing address</b> CARTER COUNTY CHAMBER OF COMMERCE 500 VETERANS MEMORIAL PKWY ELIZABETHTON TN 37644  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$350.00
3.140.	<b>Nonpriority creditor's name and mailing address</b> CARTRIDGE WORLD 1735 W STATE OF FRANKLIN RD SUITE 9 JOHNSON CITY TN 37604  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$164.22
3.141.	<b>Nonpriority creditor's name and mailing address</b> CARTRIDGE ZONE 329 NEW LEICESTER HWY ASHEVILLE NC 28806  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$113.58

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.142.	<b>Nonpriority creditor's name and mailing address</b> CASCOSIGNS INC PO BOX 1349 CONCORD NC 28026  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$203.90
3.143.	<b>Nonpriority creditor's name and mailing address</b> CASPER'S BODY AND LOCKSMITH SHOP LLC 402 WEST DEPOT STREET GREENEVILLE TN 37743  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,195.00
3.144.	<b>Nonpriority creditor's name and mailing address</b> CATER'S FOOD SERVICE EQUIPMENT 174 LONGVIEW DRIVE JEFFERSON GA 30549  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,354.51

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.145.	<b>Nonpriority creditor's name and mailing address</b> CAULDER PLUMBING CO 829 MILL ST CAMDEN SC 29020  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$95.00
3.146.	<b>Nonpriority creditor's name and mailing address</b> CDG REAL ESTATE TENNESSEE LLC GUO CHENG 9763 SCOTCH PINE DR SPRINGBORO OH 45066  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,313.61
3.147.	<b>Nonpriority creditor's name and mailing address</b> CDW COMPUTER SERVICES, INC. PO BOX 75723 CHICAGO IL 60675-5723  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,423.64

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.148.	<b>Nonpriority creditor's name and mailing address</b> CEIL-BRITE JOHN M WEATHERS DBA CEILBRITE 590 BABB ROAD TOWNVILLE SC 29689  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$619.00
3.149.	<b>Nonpriority creditor's name and mailing address</b> CENTER CAROLINA SPRINKLER COMPANY, INC PO BOX 602 LINCOLNTON NC 28093-0602  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$275.00
3.150.	<b>Nonpriority creditor's name and mailing address</b> CENTURYLINK PO BOX 1319 CHARLOTTE NC 28201-1319  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$194.67

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.151.	<b>Nonpriority creditor's name and mailing address</b> CGD REALESTATE TENNESSEE LLC 9763 SCOTCH PINE DR SPRINGBORO OH 45066  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,549.79
3.152.	<b>Nonpriority creditor's name and mailing address</b> CHADWICK, HAYLEY N 550 OSCAR PRICE RD LEXINGTON SC 29073  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.153.	<b>Nonpriority creditor's name and mailing address</b> CHANDLER SCHLUTOW 175 MEADOW CREEK LANE ATHENS GA 30605  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$104.52



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.154.	<b>Nonpriority creditor's name and mailing address</b>  CHANIN GILBERT WARNER ROBINS 13 LANWICK CT POOLER GA 31322  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$172.64
3.155.	<b>Nonpriority creditor's name and mailing address</b>  CHAPMAN PLUMBING 1679 WILLISTON HWY BEECH ISLAND SC 29842  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,523.00
3.156.	<b>Nonpriority creditor's name and mailing address</b>  CHAPPELLS MAINTENANCE PO BOX 702 NEWBERRY SC 29108  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,512.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.157.	<b>Nonpriority creditor's name and mailing address</b> CHARLES A MARTIN 3755 MT. TABOR ROAD BLACKSBURG VA 24060  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$125.00
3.158.	<b>Nonpriority creditor's name and mailing address</b> CHARLESTON WATER SYSTEM PO BOX 568 CHARLESTON SC 29402-0568  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,096.52
3.159.	<b>Nonpriority creditor's name and mailing address</b> CHARTER COMMUNICATIONS PO BOX 742600 CINCINNATI OH 45274-2600  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,165.84

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.160.	<b>Nonpriority creditor's name and mailing address</b> CHATTANOOGA FIRE PROTECTION PO BOX 948 CHATTANOOGA TN 37401  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$512.95
3.161.	<b>Nonpriority creditor's name and mailing address</b> CHEADLE SIGNWORKS 134 JOHNSTON BLVD ASHEVILLE NC 28806  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,312.00
3.162.	<b>Nonpriority creditor's name and mailing address</b> CHEROKEE COUNTY TREASURER PO BOX 1267 GAFFNEY SC 29342  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.163.	<b>Nonpriority creditor's name and mailing address</b> CHESTERFIELD COUNTY RURAL WATER CO PO BOX 270 CHESTERFIELD SC 29709-0270  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$108.00
3.164.	<b>Nonpriority creditor's name and mailing address</b> CINDY BROWN 515 S MCKEE ST GREENEVILLE TN 37743  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$33.28
3.165.	<b>Nonpriority creditor's name and mailing address</b> CINTAS PO BOX 633173 CINCINNATI OH 45263-3173  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$43,075.33

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.166.	<b>Nonpriority creditor's name and mailing address</b> CIT 21146 NETWORK PLACE CHICAGO IL 60673-1211  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.167.	<b>Nonpriority creditor's name and mailing address</b> CIT 21146 NETWORK PLACE CHICAGO IL 60673-1211  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,221.00
3.168.	<b>Nonpriority creditor's name and mailing address</b> CITY GASTONIA PO BOX 580068 CHARLOTTE NC 28258-0068  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,900.19

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.169.	<b>Nonpriority creditor's name and mailing address</b> CITY OF AIKEN PO BOX 1608 AIKEN SC 29802  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,927.41
3.170.	<b>Nonpriority creditor's name and mailing address</b> CITY OF ASHEVILLE PO BOX 7148 ASHEVILLE NC 28802  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$250.00
3.171.	<b>Nonpriority creditor's name and mailing address</b> CITY OF BLAIRSVILLE PO BOX 307 BLAIRSVILLE GA 30514  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,012.67

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.172.	<b>Nonpriority creditor's name and mailing address</b> CITY OF BRISTOL TN FINANCE DEPT PO BOX 1348 BRISTOL TN 37621-1348  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$761.42
3.173.	<b>Nonpriority creditor's name and mailing address</b> CITY OF CAMDEN PO BOX 7002 CAMDEN SC 29021  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,804.06
3.174.	<b>Nonpriority creditor's name and mailing address</b> CITY OF CHARLOTTE PO BOX 1316 CHAROLTTE NC 28201-1316  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$694.46

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.175.	<b>Nonpriority creditor's name and mailing address</b> CITY OF CLINTON PO DRAWER 748 CLINTON SC 29325  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,057.71
3.176.	<b>Nonpriority creditor's name and mailing address</b> CITY OF COLUMBIA PO BOX 7997 COLUMBIA SC 29202-7997  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,132.27
3.177.	<b>Nonpriority creditor's name and mailing address</b> CITY OF CONWAY PO BOX 1507 CONWAY SC 29528-1507  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,874.04



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.178.	<b>Nonpriority creditor's name and mailing address</b> CITY OF ELIZABETHTON, TN ATTN: DAVID ORNDUFF 136 S SYCAMORE STREET ELIZABETHTON TN 37643-3300  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,757.76
3.179.	<b>Nonpriority creditor's name and mailing address</b> CITY OF FLORENCE 324 W EVANS ST FLORENCE SC 29501  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,892.37
3.180.	<b>Nonpriority creditor's name and mailing address</b> CITY OF GREENSBORO PO BOX 1170 GREENSBORO NC 27402-1170  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,163.80

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.181.	<b>Nonpriority creditor's name and mailing address</b> CITY OF HENDERSONVILLE PO BOX 603068 CHARLOTTE NC 28260-3068  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00
3.182.	<b>Nonpriority creditor's name and mailing address</b> CITY OF JASPER 200 BURNT MOUNTAIN RD JASPER GA 30143  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$680.72
3.183.	<b>Nonpriority creditor's name and mailing address</b> CITY OF KINGSPORT 225 WEST CENTER ST KINGSPORT TN 37660-4237  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,081.89

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.184.	<b>Nonpriority creditor's name and mailing address</b> CITY OF LENOIR PO BOX 958 LENOIR NC 28645-0958  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.00
3.185.	<b>Nonpriority creditor's name and mailing address</b> CITY OF LINCOLNTON PO BOX 617 LINCOLNTON NC 28093-0617  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,390.30
3.186.	<b>Nonpriority creditor's name and mailing address</b> CITY OF MARION PO DRAWER 700 MARION NC 28752  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,085.98

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.187.	<b>Nonpriority creditor's name and mailing address</b> CITY OF MORGANTON PO BOX 3448 MORGANTON NC 28680-3448  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,527.92
3.188.	<b>Nonpriority creditor's name and mailing address</b> CITY OF POOLER POLICE DEPARTMENT 100 US HIGHWAY 80 SW POOLER GA 31322  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
3.189.	<b>Nonpriority creditor's name and mailing address</b> CITY OF ROCK HILL PO BOX 63039 CHAROLTTE NC 28263-3039  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,851.24

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.190.	<b>Nonpriority creditor's name and mailing address</b> CITY OF ROCKINGHAM 514 ROCKINGHAM ROAD ROCKINGHAM NC 28379  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,136.00
3.191.	<b>Nonpriority creditor's name and mailing address</b> CITY OF SHELBY PO BOX 207 SHELBY NC 28151-0207  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,844.86
3.192.	<b>Nonpriority creditor's name and mailing address</b> CITY OF SPARTANBURG FALSE ALARM PO BOX 602829 CHARLOTTE NC 28260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,610.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.193.	<b>Nonpriority creditor's name and mailing address</b> CITY OF TOCCOA PO BOX 1010 TOCCOA GA 30577-1010  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,652.49
3.194.	<b>Nonpriority creditor's name and mailing address</b> CITY OF WINDER PO BOX 568 WINDER GA 30680  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,882.67
3.195.	<b>Nonpriority creditor's name and mailing address</b> CITYSCAPE ROOFING COMPANY INC 4260 EAST NC HWY 10 CLAREMONT NC 28610  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$562.68

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.196.	<b>Nonpriority creditor's name and mailing address</b> CK PARTS PO BOX 2082 WEST COLUMBIA SC 29171  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,380.21
3.197.	<b>Nonpriority creditor's name and mailing address</b> CLASSIC HITS 102.7 222 COMMERCE STREET KINGSPORT TN 37660  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,606.50
3.198.	<b>Nonpriority creditor's name and mailing address</b> CLAYTON SIGN WORKS, INC PO BOX 778 LINCOLNTON NC 28093  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,475.04

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.199.	<b>Nonpriority creditor's name and mailing address</b> CLAYTON TILE PO BOX 6151 GREENVILLE SC 29606  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$872.43
3.200.	<b>Nonpriority creditor's name and mailing address</b> CLEAN CUTS 161 EDWARDS RD RUTHERFORDTON NC 28139  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
3.201.	<b>Nonpriority creditor's name and mailing address</b> CLEMSON UNIVERSITY ATHLETIC DE C/O LEARFIELD COMMUNICATIONS PO BOX 843256 KANSAS CITY MO 64184-3256  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,853.38



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.202.	<b>Nonpriority creditor's name and mailing address</b> CLERK OF COURT PO BOX 1557 CAMDEN SC 29021  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$533.41
3.203.	<b>Nonpriority creditor's name and mailing address</b> CLERK OF COURT PO BOX 777 PICKENS SC 29671  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31.61
3.204.	<b>Nonpriority creditor's name and mailing address</b> CLERK OF COURT - GREENWOOD 528 MONUMENT STREET ROOM 103 GREENWOOD SC 29646  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$129.15

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.205.	<b>Nonpriority creditor's name and mailing address</b> CLERK OF COURT GAFFNEY P.O. DRAWER 2289 GAFFNEY SC 29342  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$102.98
3.206.	<b>Nonpriority creditor's name and mailing address</b> CLERK OF COURT-ANDERSON PO BOX 8002 ANDERSON SC 29622  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$53.18
3.207.	<b>Nonpriority creditor's name and mailing address</b> CLERK OF COURT-WALHALLA PO BOX 678 WALHALLA SC 29691  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$276.79

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.208.	<b>Nonpriority creditor's name and mailing address</b> CLEVELAND COUNTY CHAMBER 200 S. LAFAYETTE STREET P.O. BOX 879 SHELBY NC 28151  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$324.00
3.209.	<b>Nonpriority creditor's name and mailing address</b> CLINTON-NEWBERRY NATURAL GAS AUTHORITY- PO BOX 511 CLINTON SC 29325  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,825.26
3.210.	<b>Nonpriority creditor's name and mailing address</b> COASTAL HEATING AND AIR 10 BRYCE INDUSTRIAL DRIVE GARDEN CITY GA 31405  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$474.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.211.	<b>Nonpriority creditor's name and mailing address</b> CODY JONES 618 SCOUT CABIN ROAD KERSHAW SC 29067  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,115.44
3.212.	<b>Nonpriority creditor's name and mailing address</b> COLUMBIA COUNTY WATER AND SEWER PO BOX 960 GROVETOWN GA 30813  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$710.66
3.213.	<b>Nonpriority creditor's name and mailing address</b> COMBINED UTILITY SYSTEM PO BOX 619 EASLEY SC 29641-0619  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,283.73

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.214.	<b>Nonpriority creditor's name and mailing address</b> COMCAST PO BOX 3001 SOUTHEASTERN PA 19398-3001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$410.77
3.215.	<b>Nonpriority creditor's name and mailing address</b> COMCAST SPOTLIGHT PO BOX 409558 ATLANTA GA 30384-9558  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,607.35
3.216.	<b>Nonpriority creditor's name and mailing address</b> COMFORT INN 1550 E MAINT STREET LINCOLNTON NC 28092  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$253.65

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.217.	<b>Nonpriority creditor's name and mailing address</b> COMMCO INC 1615 MONTAGUE AVE EXT GREENWOOD SC 29649  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$67.11
3.218.	<b>Nonpriority creditor's name and mailing address</b> COMMERCIAL LIGHTING PO BOX 270651 TAMPA FL 33688  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,957.24
3.219.	<b>Nonpriority creditor's name and mailing address</b> COMMISSION OF PUBLIC WORKS - G PO BOX 160 GREER SC 29652-0160  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,702.01

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.220.	<b>Nonpriority creditor's name and mailing address</b> COMMISSION OF PUBLIC WORKS-GWD PO BOX 549 GREENWOOD SC 29648  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,155.87
3.221.	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY BROADCASTERS, LLC PO BOX 6344 FLORENCE SC 29501  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,490.00
3.222.	<b>Nonpriority creditor's name and mailing address</b> CONTEC EQUIPMENT SERVICE 612 FOREST LANE ROCK HILL SC 29730  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$646.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.223.	<b>Nonpriority creditor's name and mailing address</b> CONWAY AREA OF CHAMBERS PO BOX 831 CONWAY SC 29528  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$281.00
3.224.	<b>Nonpriority creditor's name and mailing address</b> COOL CARE HEATING & AIR PO BOX 6764 COLUMBIA SC 29260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.00
3.225.	<b>Nonpriority creditor's name and mailing address</b> COOPER MECHANICAL SERVICES, INC PO BOX 1331 MYRTLE BEACH SC 29578  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,125.34



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.226.	<b>Nonpriority creditor's name and mailing address</b> COX & SON ROOFING, INC 17 COX LANE HAYESVILLE NC 28904  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$135.00
3.227.	<b>Nonpriority creditor's name and mailing address</b> COZZINI BROS., INC 350 HOWARD AVE DES PLAINES IL 60018  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$911.06
3.228.	<b>Nonpriority creditor's name and mailing address</b> CRAFTY BEER GUYS 11959 RAMAH CHURCH RD HUNTERSVILLE NC 28078  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$972.77

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.229.	<b>Nonpriority creditor's name and mailing address</b> CRANFORD'S PLUMBING SERVICE PO BOX 828 CONCORD NC 28025  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$114.00
3.230.	<b>Nonpriority creditor's name and mailing address</b> CREATIVE SIGN SERVICE, INC ONE FREEDOM SQUARE LAUREL MS 39440-3367  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,250.00
3.231.	<b>Nonpriority creditor's name and mailing address</b> CREEKPOINTE 1200 WOODRUFF RD SUITE A-19 GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,254.58

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.232.	<b>Nonpriority creditor's name and mailing address</b> CROOKS PLUMBING 120 NORTH RETREAT RD. WESTMINSTER SC 29693  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$135.00
3.233.	<b>Nonpriority creditor's name and mailing address</b> CULBERTSON ENTERPRISES INC 2435 EAST NORTH ST #346 GREENVILLE SC 29615  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,400.00
3.234.	<b>Nonpriority creditor's name and mailing address</b> CUMBEES ULTIMATE CLEANING SERVICES PO BOX 210422 COLUMBIA SC 29221  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,290.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.235.	<b>Nonpriority creditor's name and mailing address</b> CUMULUS MEDIA 3658 MOMENTUM PLACE CHICAGO IL 60689-5336  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,049.50
3.236.	<b>Nonpriority creditor's name and mailing address</b> CUMULUS TRI CITIES 3658 MOMENTUM PLACE CHICAGO IL 60689-5336  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,712.60
3.237.	<b>Nonpriority creditor's name and mailing address</b> CUMULUS-COLUMBIA, SC WOMG-FM 3663 MOMENTUM PLACE CHICAGO IL 60689-5336  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,445.30

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.238.	<b>Nonpriority creditor's name and mailing address</b> CYCLONE TOUCHDOWN CLUB PO BOX 1762 ELIZABETHTON TN 7643  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,200.00
3.239.	<b>Nonpriority creditor's name and mailing address</b> D&L INCORPORATED 221 PALMETTO ROAD DARLINGTON SC 29532  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$160.00
3.240.	<b>Nonpriority creditor's name and mailing address</b> DAISY OUTDOOR ADVERTISING CO. PO BOX 882 GAFFNEY SC 29342  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,750.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.241.	<b>Nonpriority creditor's name and mailing address</b> D'ANGELO PLUMBING PO BOX 10036 WARNER ROBINS GA 31095  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$297.50
3.242.	<b>Nonpriority creditor's name and mailing address</b> DANI RODDEY 4505 MEADOWOOD RD COLUMBIA SC 29206  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83.72
3.243.	<b>Nonpriority creditor's name and mailing address</b> DATA SOURCE PO BOX 660919 DALLAS TX 75266-0919  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$63,052.31

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.244.	<b>Nonpriority creditor's name and mailing address</b> DAVIDS LAWN MAINTENANCE 118 TODD CIRCLE SIMPSONVILLE SC 29681  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$125.00
3.245.	<b>Nonpriority creditor's name and mailing address</b> DAVIS LANDSCAPING COMPANY LLC PO BOX 130609 BIRMINGHAM AL 35213-0609  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00
3.246.	<b>Nonpriority creditor's name and mailing address</b> DAVIS WHITTLE 211 SEAGRAVES DR ATHENS GA 30605  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$79.56

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>3.247.</b>	<b>Nonpriority creditor's name and mailing address</b> DEATON MECHANICAL PO BOX 80066 ATHENS GA 30608  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$247.95
<b>3.248.</b>	<b>Nonpriority creditor's name and mailing address</b> DEDMOND ELEETRIC, INC 527 BELWOOD LAWNSDALE RD LAWNSDALE NC 28090  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$841.11
<b>3.249.</b>	<b>Nonpriority creditor's name and mailing address</b> DEFINITION 6 PO BOX 105328 ATLANTA GA 30348-5328  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$761.86



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.250.	<b>Nonpriority creditor's name and mailing address</b> DELUXE BUSINESS FORMS PO BOX 742572 CINCINNATI OH 45274-2572  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$118.45
3.251.	<b>Nonpriority creditor's name and mailing address</b> DEMITRI'S GOURMET MIXES PO BOX 84123 SEATTLE WA 98124  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$677.05
3.252.	<b>Nonpriority creditor's name and mailing address</b> DENTON LAWN & LANDSCAPING 2222 PINEFIELD COURT GASTONIA NC 28056  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,500.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.253.	<b>Nonpriority creditor's name and mailing address</b> DEPT. OF PUBLIC UTILITIES CITY OF ORANGEBURG PO BOX 1057 ORANGEBURG SC 29116-1057  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,112.60
3.254.	<b>Nonpriority creditor's name and mailing address</b> DEREK SOARES PLUMBING , INC 255 BOYD LANE NW INDIAN VALLEY VA 24105  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$709.85
3.255.	<b>Nonpriority creditor's name and mailing address</b> DILL'S LOCKSMITH PO BOX 50238 GREENWOOD SC 29649  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$241.26

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.256.	<b>Nonpriority creditor's name and mailing address</b> DIRECTV PO BOX 105249 ATLANTA GA 30348-5249  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,092.07
3.257.	<b>Nonpriority creditor's name and mailing address</b> DISCOVERY PO BOX 9528 FARGO ND 58106-9528  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$458.32
3.258.	<b>Nonpriority creditor's name and mailing address</b> DISCOVERY PLACE, INC 301 N TRYON STREET CHARLOTTE NC 28202  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,100.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.259.	<b>Nonpriority creditor's name and mailing address</b> DISH NETWORK PO BOX 94063 PALATINE IL 60094-4063  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$227.63
3.260.	<b>Nonpriority creditor's name and mailing address</b> DIVISION OF CHILD SUPPORT ENFORCEMENT PO BOX 570 RICHMOND VA 23218-0570  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$131.32
3.261.	<b>Nonpriority creditor's name and mailing address</b> DIXIE LOCK & SAFE, INC. 3801-E WASHINGTON ROAD MARTINEZ GA 30907  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$152.56

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.262.	<b>Nonpriority creditor's name and mailing address</b>  DLS ALARM SYSTEMS, INC 36 ENTERPRISE AVE AIKEN SC 29803  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$6,815.60
3.263.	<b>Nonpriority creditor's name and mailing address</b>  DOC MAINTENANCE INC 3695 CENTRE CIRCLE DR FORT MILL SC 29715  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,142.15
3.264.	<b>Nonpriority creditor's name and mailing address</b>  DR.VINYL OF THE FOOTHILLS 1065 13TH AVE PLACE NW HICKORY NC 28601  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$209.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.265.	<b>Nonpriority creditor's name and mailing address</b> DRESSLER, BRUCE HUCKS & FELKER, LLC DANIEL K. FELKER, ESQ. 9610 TWO NOTCH RD., STE. 5 COLUMBIA SC 29223  <b>Date or dates debt was incurred</b>  <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.266.	<b>Nonpriority creditor's name and mailing address</b> DRESSLER, BRUCE 596 COLDSTREAM DR COLUMBIA SC 29212  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OP PAYOUT BALANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,228.45
3.267.	<b>Nonpriority creditor's name and mailing address</b> DUKE ENERGY PROGRESS PO BOX 1003 CHARLOTTE NC 28201-1003  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,756.41

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.268.	<b>Nonpriority creditor's name and mailing address</b> DUKE POWER PO BOX 70516 CHARLOTTE NC 28272-0515  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$93,074.27
3.269.	<b>Nonpriority creditor's name and mailing address</b> DURO-LAST, INC 525 MORLEY DRIVE SAGINAW MI 48601  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$603.99
3.270.	<b>Nonpriority creditor's name and mailing address</b> EAGLEWOOD PROPERTIES 12222 MERIT DR STE 1750 DALLAS TX 75251  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$138,000.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.271.	<b>Nonpriority creditor's name and mailing address</b> EARTHLINK INC PO BOX 2252 BIRMINGHAM AL 35246-1058  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,495.33
3.272.	<b>Nonpriority creditor's name and mailing address</b> EAST COAST SOLUTIONS, LLC PO BOX 869 LONGS SC 29568  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,719.83
3.273.	<b>Nonpriority creditor's name and mailing address</b> EAST FOREST PLAZA III LLC COLIERS KEENAN INC PO BOX 11610 COLUMBIA SC 29211  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50,539.01



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.274.	<b>Nonpriority creditor's name and mailing address</b> EAST TENNESSEE LANDSCAPING 1011 W. MAIN STREET GREENEVILLE TN 37743  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,350.00
3.275.	<b>Nonpriority creditor's name and mailing address</b> EAST TENNESSEE SPRINKLER CO PO BOX 6173 JOHNSON CITY TN 37602  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$175.00
3.276.	<b>Nonpriority creditor's name and mailing address</b> ECKSTEIN SIGNS 1885 NAZARETH CHURCH RD SPARTANBURG SC 29301  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$950.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.277.	<b>Nonpriority creditor's name and mailing address</b> ECMC LOCKBOX #7096 PO BOX 16478 ST. PAUL MN 55116-0478  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8.44
3.278.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB PO BOX 32027 NEW YORK NY 10087-2027  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$55,547.06
3.279.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB EQUIPMENT CARE 24673 NETWORK PLACE CHICAGO IL 6673-1246  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$144.78

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.280.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB FOOD SAFETY SPECIALTIES 24198 NETWORK PLACE CHICAGO IL 60673-1241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,157.75
3.281.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB PEST ELIMINATION DIVISI 26252 NETWORK PLACE CHICAGO IL 60673-1262  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32,263.30
3.282.	<b>Nonpriority creditor's name and mailing address</b> EDT CONSTRUCTION 35 RAILROAD ST ARNOLDSVILLE GA 30619  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,470.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.283.	<b>Nonpriority creditor's name and mailing address</b> EDUARDO VALDES 2424 LEAPHART RD LOT 1B WEST COLUMBIA SC 29169  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$220.00
3.284.	<b>Nonpriority creditor's name and mailing address</b> EDWARDS REFRIGERATION, INC PO BOX 1174 BENNETTSVILLE SC 29512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,897.81
3.285.	<b>Nonpriority creditor's name and mailing address</b> ELITE APPLIANCE SERVICE LLC 3045A MAYBANK HWY JOHNS ISLAND SC 29455  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$808.97

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.286.	<b>Nonpriority creditor's name and mailing address</b> ELIZABETHTON ELECTRIC SYSTEM PO BOX 790 ELIZABETHTON TN 37644-0790  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,652.34
3.287.	<b>Nonpriority creditor's name and mailing address</b> ELLIS REPAIR SERVICE, INC 199 JOHN B WHITE SR. BLVD SPARTANBURG SC 29306  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$210.00
3.288.	<b>Nonpriority creditor's name and mailing address</b> EM GORDON SERVICES, INC 986 GARNETT WARD RD HULL GA 30646  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.289.	<b>Nonpriority creditor's name and mailing address</b> EMEDIA GROUP INC. PO BOX 1808 GREENVILLE SC 29602  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,712.61
3.290.	<b>Nonpriority creditor's name and mailing address</b> EMERALD SERVICES 2670 ROFF AVENUE MACON GA 312084422  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,443.75
3.291.	<b>Nonpriority creditor's name and mailing address</b> EMPIRE DISTRIBUTORS 1117A LOUISVILLE RD SAVANNAH GA 31415  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$95.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.292.	<b>Nonpriority creditor's name and mailing address</b> EMPLOYMENT SCREENING SERVICES PO BOX 830520 DEPT 5 BIRMINGHAM AL 35283  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,760.75
3.293.	<b>Nonpriority creditor's name and mailing address</b> ENECO INC PO BOX 2531 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,717.60
3.294.	<b>Nonpriority creditor's name and mailing address</b> ENTERCOM GREENVILLE WTPT-FM 25 GARLINGTON RD GREENVILLE SC 29615  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,390.80

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.295.	<b>Nonpriority creditor's name and mailing address</b> EPLEE & ASSOCIATES DIRECTORIES PO BOX 27045 GREENVILLE SC 29616  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$570.00
3.296.	<b>Nonpriority creditor's name and mailing address</b> ERIC ALLERS 3818 TRENHOLM RD COLUMBIA SC 29206  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$340.00
3.297.	<b>Nonpriority creditor's name and mailing address</b> ERICA LAWS 434 WOODSWAY LANE NW LENOIR NC 28645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$172.64



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.298.	<b>Nonpriority creditor's name and mailing address</b> ESG UPHOLSTERY ENTERPRISES PO BOX 876 MEADOWS OF DAN VA 24120  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$860.00
3.299.	<b>Nonpriority creditor's name and mailing address</b> EYERETURN MARKETING LLC 110 EGLINGTON AVE EAST SUITE 701 TORONTO ON M4P2Y1 CANADA  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32,988.21
3.300.	<b>Nonpriority creditor's name and mailing address</b> F N WHOLESALE LIGHTING & SUPPLY 44 KINGSTON DRIVE #116 DALEVILLE VA 24083  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,372.45

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.301.	<b>Nonpriority creditor's name and mailing address</b> FAIRWAY OUTDOOR ADVERTISING P.O. BOX 60125 CHARLOTTE NC 28260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,000.00
3.302.	<b>Nonpriority creditor's name and mailing address</b> FAMILY SUPPORT REGISTRY PO BOX 1800 CARROLLTON GA 30112-1800  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$161.95
3.303.	<b>Nonpriority creditor's name and mailing address</b> FASTSIGNS OF SPARTANBURG 220 E HENRY ST SPARTANBURG SC 29306  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$530.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.304.	<b>Nonpriority creditor's name and mailing address</b> FEDERAL EXPRESS CORPORATION PO BOX 371461 PITTSBURGH PA 15250-7461  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,092.59
3.305.	<b>Nonpriority creditor's name and mailing address</b> FEDERAL WAGE AND LABOR LAW INSTITUTE 7001 W 43RD STREET HOUSTON TX 77092  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$96.63
3.306.	<b>Nonpriority creditor's name and mailing address</b> FERGUSON ENTERPRISES.INC PO BOX 100286 ATLANTA GA 30384-0286  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$113.10

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.307.	<b>Nonpriority creditor's name and mailing address</b> FESCO 2315 SYCAMORE DRIVE KNOXVILLE TN 39721-1750  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$411.71
3.308.	<b>Nonpriority creditor's name and mailing address</b> FHS ATHLETIC BOOSTER CLUB PO BOX 282 FRANKLIN NC 28744  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,050.00
3.309.	<b>Nonpriority creditor's name and mailing address</b> FIBERNEW ROANOKE VALLEY 1885 MULHOLLAND CR ROANOKE VA 24012  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$625.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.310.	<b>Nonpriority creditor's name and mailing address</b> FIRE CONTROL SYSTEMS 11515 REAMES ROAD CHARLOTTE NC 28269  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,045.63
3.311.	<b>Nonpriority creditor's name and mailing address</b> FIRE EQUIPMENT COMPANY, INC PO BOX 19711 ROANOKE VA 24019  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$322.69
3.312.	<b>Nonpriority creditor's name and mailing address</b> FIRE PROTECTION SERVICES, INC 5825 GLENRIDGE DRIVE BUILDING 3 SUITE 101 ATLANTA GA 30328  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$748.78

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.313.	<b>Nonpriority creditor's name and mailing address</b> FIRE SAFETY PRODUCTS, INC 203 DEPOT STREET CHRISTIANSBURG VA 24073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$308.72
3.314.	<b>Nonpriority creditor's name and mailing address</b> FIRST CLASS MAILING SOLUTIONS PO BOX 55 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$956.58
3.315.	<b>Nonpriority creditor's name and mailing address</b> FISHBOWL, INC PO BOX 740513 ATLANTA GA 30374-0513  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$213,293.87

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.316.	<b>Nonpriority creditor's name and mailing address</b> FISHER & PHILLIPS ROE CASSIDY COATES & PRICE, P.A. JAMES H. CASSIDY P.O. BOX 10529 GREENVILLE SC 29603  <b>Date or dates debt was incurred</b>  <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.317.	<b>Nonpriority creditor's name and mailing address</b> FISHER & PHILLIPS LLP 1075 PEACHTREE STREET, NE SUITE 3500 ATLANTA GA 30309  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$35,279.50
3.318.	<b>Nonpriority creditor's name and mailing address</b> FIVE STAR PLUMBING 3385 BRUSHY CREEK RD GREER SC 29650  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$225.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.319.	<b>Nonpriority creditor's name and mailing address</b> FLOOR PRO 103 VERA RD LEXINGTON SC 29072  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,500.00
3.320.	<b>Nonpriority creditor's name and mailing address</b> FLORIDA STATE DISBURSEMENT PO BOX 8500 TALLAHASSEE FL 32314-8500  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$132.07
3.321.	<b>Nonpriority creditor's name and mailing address</b> FLOWERS BY TAMMY 515 TUSCULUM BLVD GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$60.38



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.322.	<b>Nonpriority creditor's name and mailing address</b> FORT HILL NATURAL GAS AUTHORIT PO BOX 189 EASLEY SC 29641  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,601.00
3.323.	<b>Nonpriority creditor's name and mailing address</b> FOUR OAKS LAWN SERVICE 235 RIVEROAK RD INMAN SC 29349  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,125.00
3.324.	<b>Nonpriority creditor's name and mailing address</b> FRANKLIN MACHINE PRODUCTS, INC PO BOX 781570 PHILADELPHIA PA 19178  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,162.87

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.325.	<b>Nonpriority creditor's name and mailing address</b> FRONTIER PO BOX 20550 ROCHESTER NY 14602-0550  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$172.87
3.326.	<b>Nonpriority creditor's name and mailing address</b> FUNK, BEVERLY 2126 OAKLAND RD CHARLESTON SC 29414  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GENERAL LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.327.	<b>Nonpriority creditor's name and mailing address</b> GA XTREME PRESSURE CLEANING PO BOX 738 WINTERVILLE GA 30683  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$481.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.328.	<b>Nonpriority creditor's name and mailing address</b> GALLOWAY CONSTRUCTION, INC 910 TURNER ROAD JASPER GA 30143  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,875.00
3.329.	<b>Nonpriority creditor's name and mailing address</b> GAMBLE, PATTY 306 PENDLETON RD LOT 2 GREENVILLE SC 29611  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PRODUCTS CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.330.	<b>Nonpriority creditor's name and mailing address</b> GARCIA STUDIO, INC 933 FIELDER AVENUE NW ATLANTA GA 30318  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,476.08

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.331.	<b>Nonpriority creditor's name and mailing address</b> GARCIA-VALDEZ, DEYSI J 568 PEACHTREE ROCK RD LEXINGTON SC 29073  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.332.	<b>Nonpriority creditor's name and mailing address</b> GARY AND MARGARET SMITH 123 PECAN LANE CAYCE SC 29033  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,194.43
3.333.	<b>Nonpriority creditor's name and mailing address</b> GASKET GUY PO BOX 26965 MACON GA 31221  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$285.40

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.334.	<b>Nonpriority creditor's name and mailing address</b> GASKET GUY OF CENTRAL GA PO BOX 26965 MACON GA 31221  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$685.57
3.335.	<b>Nonpriority creditor's name and mailing address</b> GASKET GUY OF JACKSONVILLE/SAVANNAH 100 NAUTILUS CT PONTE VEDRA BEACH FL 32082  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$757.48
3.336.	<b>Nonpriority creditor's name and mailing address</b> GASKET GUY OF THE FOOTHILLS, LLC PO BOX 724 HICKORY NC 28603-0724  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$608.48

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.337.	<b>Nonpriority creditor's name and mailing address</b> GASS, TAMMIE 55 BALL RD GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> OP PAYOUT BALANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,661.00
3.338.	<b>Nonpriority creditor's name and mailing address</b> GASTON CHAMBER OF COMMERCE 601 W. FRANKLIN BLVD GASTONIA NC 28052  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$550.00
3.339.	<b>Nonpriority creditor's name and mailing address</b> GASTON HEATING & AIR CONDITIONING PO BOX 1120 COLUMBUS NC 28722  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$375.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>3.340.</b>	<b>Nonpriority creditor's name and mailing address</b> GEOFFREY S STUTCHMAN AND LEEHOUANG LEA STUCHMAN 16124 GREENWOOD LN MONTE SERENO CA 95030  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$96,783.12
<b>3.341.</b>	<b>Nonpriority creditor's name and mailing address</b> GEORGIA GASKET LLC 135 STANLEY COURT SUITE 112 LAWRENCEVILLE GA 30046  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,001.30
<b>3.342.</b>	<b>Nonpriority creditor's name and mailing address</b> GEORGIA POWER 96 ANNEX ATLANTA GA 30396-0001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,972.39

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.343.	<b>Nonpriority creditor's name and mailing address</b> GERALD R. WALTERS D/B/A JERRY'S AUTO TRIM 164 FORDTOWN RD. ROCKINGHAM NC 28379  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.344.	<b>Nonpriority creditor's name and mailing address</b> GLENN PLUMBING CO, INC 481 E. WHITNER ST ANDERSON SC 29624  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,160.20
3.345.	<b>Nonpriority creditor's name and mailing address</b> GOLDBERG KOHN 55 EAST MONROE STREET SUITE 3300 CHICAGO IL 60603-5792  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41,317.90



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.346.	<b>Nonpriority creditor's name and mailing address</b> GOODWIN & ASSOCIATES, LLC 11 SOUTH MAIN STREET SUITE 200 CONCORD NH 03301  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,600.00
3.347.	<b>Nonpriority creditor's name and mailing address</b> GOOGLE LLC DEPT 33654 PO BOX 39000 SAN FRANCISCO CA 94139  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,675.53
3.348.	<b>Nonpriority creditor's name and mailing address</b> GOULDS STEAM CLEANING 103 JAMESTOWN ROAD ROCKY MOUNT VA 24151  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$325.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.349.	<b>Nonpriority creditor's name and mailing address</b> GRAND RENTAL STATION 2215 E. ANDREW JOHNSON HIGHWAY GREENEVILLE TN 37745  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$165.17
3.350.	<b>Nonpriority creditor's name and mailing address</b> GRANT, DERRICK "ANDRE" 251 MILLER FARM RD WESTMINSTER SC 29693  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.351.	<b>Nonpriority creditor's name and mailing address</b> GREASEPRO 451 OLD JOHN DODD RD BOILING SPRINGS SC 29316  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,700.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.352.	<b>Nonpriority creditor's name and mailing address</b> GREAT MEADOWS LLC PO BOX 400 SPRUCE PINE NC 28777  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,937.50
3.353.	<b>Nonpriority creditor's name and mailing address</b> GREATER EASLEY P.O. BOX 241 EASLEY SC 29641  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$375.00
3.354.	<b>Nonpriority creditor's name and mailing address</b> GREATER FLORENCE CHAMBER PO BOX 948 FLORENCE SC 29503  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$729.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.355.	<b>Nonpriority creditor's name and mailing address</b> GREATER GREENVILLE CHAMBER OF COMMERCE 24 CLEVELAND STREET GREENVILLE SC 29601  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$950.00
3.356.	<b>Nonpriority creditor's name and mailing address</b> GREATER IRMO CHAMBER 1235 COLUMBIA AVE IRMO SC 29063  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$395.00
3.357.	<b>Nonpriority creditor's name and mailing address</b> GREENEVILLE LIGHT & POWER SYSTEM 110 NORTH COLLEGE STREET GREENEVILLE TN 37743  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,470.36

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.358.	<b>Nonpriority creditor's name and mailing address</b> GREENEVILLE LIGHT AN,D POW 110 NORTH COLLEGE STREET GREENEVILLE TN 37743  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> AUTO LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.359.	<b>Nonpriority creditor's name and mailing address</b> GREENSKY GRAPHICS 975 16TH ST ASTORIA OR 97103  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,625.00
3.360.	<b>Nonpriority creditor's name and mailing address</b> GREENVILLE COUNTY FAMILY COURT P.O. BOX 757 GREENVILLE SC 29602  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$691.79

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.361. <b>Nonpriority creditor's name and mailing address</b> GREENVILLE REFRIGERATION SERVICES, INC 426 S BUNCOMBE RD GREER SC 29650	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$63,723.73
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.362. <b>Nonpriority creditor's name and mailing address</b> GREENWOOD COUNTY CHILD SUPPORT 528 MONUMENT ST ROOM 103 GREENWOOD SC 29646	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$196.85
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.363. <b>Nonpriority creditor's name and mailing address</b> GREER CITIZEN PO BOX 5211 SPARTANBURG SC 29304	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$275.00
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.364.	<b>Nonpriority creditor's name and mailing address</b> GRINNELL FIRE PROTECTION DEPT CH 10320 PALATINE IL 60055-0320  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,617.02
3.365.	<b>Nonpriority creditor's name and mailing address</b> GUILS LAWN SERVICE LLC 167 SPRINGLAKES DR MARTINEZ GA 30907  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$903.30
3.366.	<b>Nonpriority creditor's name and mailing address</b> H & R LANDSCAPING, INC. 129 RESERVATION DRIVE SPINDALE NC 28160  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$297.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.367.	<b>Nonpriority creditor's name and mailing address</b> HAMILTON CHASE CITADEL LLC 828 BALLARD CANYON RD SOLVANIA CA 93463  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$133,065.84
3.368.	<b>Nonpriority creditor's name and mailing address</b> HAMILTON CHASE-CITADEL, LLC JAKE BARKER, ESQUIRE 225 SEVEN FARMS DR., STE. 207 CHARLESTON SC 29496  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.369.	<b>Nonpriority creditor's name and mailing address</b> HAMMS HOOD CLEANING, LLC PO BOX 277 BONAIRE GA 31005  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$375.00



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.370.	<b>Nonpriority creditor's name and mailing address</b> HAP SELECT 1341 W MONCKINGBIRD LANE SUITE 700W DALLAS TX 75247  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,580.00
3.371.	<b>Nonpriority creditor's name and mailing address</b> HARRISON LANDSCAPE MANAGEMENT, INC PO BOX 155 WOODRUFF SC 29388  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,150.00
3.372.	<b>Nonpriority creditor's name and mailing address</b> HAYNES AND BOONE, LLP 2505 NORTH PLANO RD, SUITE 4000 RICHARDSON TX 75082-4101  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,625.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>3.373.</b>	<b>Nonpriority creditor's name and mailing address</b> HAYNES SIGN CO-BILLBOARD DIVISION 11015 TOURNAMENT BLVD MURRELLS INLET SC 29576  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,100.00
<b>3.374.</b>	<b>Nonpriority creditor's name and mailing address</b> HEADRICH OUTDOOR MEDIA BARR CREDIT SERVICES PAMELA BIM, SR. COLLECTION SPECIALIST 5151 E BROADWAY BLVD, STE. 800 TUCSON AZ 85711  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.375.</b>	<b>Nonpriority creditor's name and mailing address</b> HEAVEN'S LIGHT AND BOLT 1271 WALNOT RIDGE RD BEVARD NC 28712  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$534.52

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.376.	<b>Nonpriority creditor's name and mailing address</b> HENDERSON COUNTY CHAMBER 204 KANUGA ROAD HENDERSONVILLE NC 28739  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$421.00
3.377.	<b>Nonpriority creditor's name and mailing address</b> HENDERSONVILLE WATER & SEWER D PO BOX 603068 CHARLOTTE NC 28260-3068  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$488.77
3.378.	<b>Nonpriority creditor's name and mailing address</b> HI-IMPACT SIGNS 1453 BELLA VISTA DR COLUMBIA SC 29223  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$518.40

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.379.	<b>Nonpriority creditor's name and mailing address</b> HILLTOP WAY LLC BILL MATHIAS 504 NORTHWOOD RD LEXINGTON SC 29072  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83,725.00
3.380.	<b>Nonpriority creditor's name and mailing address</b> HITE MECHANICAL 104 CONCORD DR WATKINSVILLE GA 30677  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,696.91
3.381.	<b>Nonpriority creditor's name and mailing address</b> HOBART-MACON 3186 MERCER UNIVERSITY MACON GA 31204  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,300.35

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.382.	<b>Nonpriority creditor's name and mailing address</b> HOLCOMB'S OFFICE SUPPLY PO BOX 579 WEST UNION SC 29696  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26.50
3.383.	<b>Nonpriority creditor's name and mailing address</b> HOLIDAY INN EXPRESS 1315 W. WADE HAMPTIN BLVD GREER SC 29650  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$695.20
3.384.	<b>Nonpriority creditor's name and mailing address</b> HOLSTON VALLEY BROADCASTING CORP 222 COMMERCE STREET KINGSPORT TN 37660  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,825.15

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.385.	<b>Nonpriority creditor's name and mailing address</b> HOLT, ELIZABETH A 125 MANDY LN COWPENS SC 29330  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.386.	<b>Nonpriority creditor's name and mailing address</b> HOMESTEADS PO BOX 351 DENVER NC 28037  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$480.38
3.387.	<b>Nonpriority creditor's name and mailing address</b> HOODS UNLIMITED 325 NEW POINT LANE CANTON GA 30114  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,003.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.388.	<b>Nonpriority creditor's name and mailing address</b> HORRY ELECTRIC PO BOX 119 CONWAY SC 29528-0119  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,292.85
3.389.	<b>Nonpriority creditor's name and mailing address</b> HOUSTON COUNTY SOCCER BOOSTERS 920 HIGHWAY 96 WARNER ROBINS GA 31088  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$250.00
3.390.	<b>Nonpriority creditor's name and mailing address</b> HOYLE PLUMBING, INC 1661 S. LAFAYETTE ST. SHELBY NC 28152  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,040.68

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.391.	<b>Nonpriority creditor's name and mailing address</b> H-TOO-O 213 HOLLINGSHED CREEK BLVD IRMO SC 29063  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,100.00
3.392.	<b>Nonpriority creditor's name and mailing address</b> HULSEY ENVIORNMENTAL SERVICES INC 6724 CLEVELAND HWY CLERMONT GA 30527  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$375.00
3.393.	<b>Nonpriority creditor's name and mailing address</b> I HEARTMEDIA PO BOX 406372 ATLANTA GA 30384-6372  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,850.75



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.394.	<b>Nonpriority creditor's name and mailing address</b>  I.B.N. DIST, INC 23679 CALABASAS ROAD #276 CALABASAS CA 91302  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,517.56
3.395.	<b>Nonpriority creditor's name and mailing address</b>  ICE SERVICES CO, LLC 707 EAST HAMPTON STREET DARLINGTON SC 29532  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$57.50
3.396.	<b>Nonpriority creditor's name and mailing address</b>  IDEAL SERVICES SOLUTIONS 2 SHANGRILA LANE E TUWAS NC 28729  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$286.23

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.397.	<b>Nonpriority creditor's name and mailing address</b> INDEED MAIL CODE 5160 PO BOX 660367 DALLAS TX 75266-0367  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,000.00
3.398.	<b>Nonpriority creditor's name and mailing address</b> INFINITY MARKETING SOLUTIONS, INC 874 S PLEASANTBURG DRIVE SUITE A GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$388,510.39
3.399.	<b>Nonpriority creditor's name and mailing address</b> INFINITY MARKETING, INC. (PER SOS) ANTHONY W. WILLIAMS, REG. AGENT 874 S. PLEASANTBURG DR. GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.400.	<b>Nonpriority creditor's name and mailing address</b> INK BOY PO BOX 211643 MARTINEZ GA 30917-1643  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$211.68
3.401.	<b>Nonpriority creditor's name and mailing address</b> INSITE MEDIACOM 2, LLC 150 NW 70TH AVE SUITE A PLANTATION FL 33317  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,879.61
3.402.	<b>Nonpriority creditor's name and mailing address</b> INTERGRATED BEHAVIORAL HEALTH 3070 BRISTOL ST SUITE 350 COSTA MESA CA 92626  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,125.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.403.	<b>Nonpriority creditor's name and mailing address</b> ISOM ELECTRIC 3300 SUITE D N MAIN ST ANDERSON SC 29621  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.404.	<b>Nonpriority creditor's name and mailing address</b> ISOM ELECTRIC 3300 SUITE D N. MAIN STREET ANDERSON SC 29621  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,223.00
3.405.	<b>Nonpriority creditor's name and mailing address</b> J AND E PRESSUREWASHING 230 SWALLOW LAKE DRIVE NORTH AUGUSTA SC 29841  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$425.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.406.	<b>Nonpriority creditor's name and mailing address</b> J T ANDERSON PO BOX 37 CLINTON SC 29325  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$725.00
3.407.	<b>Nonpriority creditor's name and mailing address</b> J.E.S EQUIPMENT SALES & SERVICE PO BOX 902 ABBEVILLE SC 29620  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,680.71
3.408.	<b>Nonpriority creditor's name and mailing address</b> J.I. REECE 219 MAPLE VALLEY DRIVE JASPER GA 30143  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,458.43

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.409.	<b>Nonpriority creditor's name and mailing address</b> JAC SERVICES LLC 107 ELKS LODGE LANE SUMMERVILLE SC 29483  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,413.82
3.410.	<b>Nonpriority creditor's name and mailing address</b> JAG PUBLISHING WALKER & WEISS HOLDINGS, LLC 643 GREENWAY ROAD BOONE NC 28607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$452.25
3.411.	<b>Nonpriority creditor's name and mailing address</b> JAMES OXYGEN AND SUPPLY COMPANY PO BOX 159 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$85.25

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.412.	<b>Nonpriority creditor's name and mailing address</b> JAMIE BARBEE 422 DOGWOOD DR GREENWOOD SC 29646  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$69.68
3.413.	<b>Nonpriority creditor's name and mailing address</b> JAN-PRO OF THE WESTERN CAROLINAS 128 MILESTONE WAY GREENVILLE SC 29615  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,230.00
3.414.	<b>Nonpriority creditor's name and mailing address</b> JEFF PEAK'S PLUMBING 121 5TH STREET N.E. PULASKI VA 24301  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$175.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.415.	<b>Nonpriority creditor's name and mailing address</b> JEFFERY GOEGELINE 234 WINDY HOLLOW DRIVE LEXINGTON SC 29073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$124.28
3.416.	<b>Nonpriority creditor's name and mailing address</b> JERRY'S AUTO TRIM 164 FORDTOWN RD ROCKINGHAM NC 28379  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,202.50
3.417.	<b>Nonpriority creditor's name and mailing address</b> JERRY'S LOCK & KEY 2198 LEXINGTON ROAD ATHENS GA 30605  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$326.55



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.418.	<b>Nonpriority creditor's name and mailing address</b> JMJ TOMATO PO BOX 16528 ASHEVILLE NC 28816  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$250.50
3.419.	<b>Nonpriority creditor's name and mailing address</b> JOE N COLLINS 5644 SAXON AVE APT 5 NORTH CHARLESTON SC 29406  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$335.02
3.420.	<b>Nonpriority creditor's name and mailing address</b> JOHNSON CONTROLS DEPT CH 10320 PALATINE IL 60055-0320  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$612.90

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.421.	<b>Nonpriority creditor's name and mailing address</b> JOHNSON LANDSCAPING PO BOX 415 FALL BRANCH TN 37656  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,636.00
3.422.	<b>Nonpriority creditor's name and mailing address</b> JOHNSONS LAWCARE 1752 TAYLORTOWN RD NE RANGER GA 30734  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,610.00
3.423.	<b>Nonpriority creditor's name and mailing address</b> JONES, SANDRA 116 SOUTHVIEW DR GAFFNEY SC 29340  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GENERAL LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.424. <b>Nonpriority creditor's name and mailing address</b> JUNES-BRADLEY, MONTERRIS 588 SUBSTATION ST HENDERSONVILLE NC 28792	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> GENERAL LIABILITY CLAIM	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.425. <b>Nonpriority creditor's name and mailing address</b> KANNAPOLIS FARP PO BOX 741007 ATLANTA GA 30374-1007	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$150.00
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.426. <b>Nonpriority creditor's name and mailing address</b> KAY PLUMBING SERVICES 199 ALTA VISTA CT LEXINGTON SC 29073	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$2,813.00
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.427.	<b>Nonpriority creditor's name and mailing address</b> KEATING MARSHALL PLLC 5960 W PARKER ROAD 278-438 PLANO TX 75093  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.00
3.428.	<b>Nonpriority creditor's name and mailing address</b> KEEVER'S KEY & REPAIR SERVICE, INC PO BOX 662 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$198.05
3.429.	<b>Nonpriority creditor's name and mailing address</b> KELLY, MATTHEW 3017 GEORGETOWN HWY GEORGETOWN SC 29440  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.430.	<b>Nonpriority creditor's name and mailing address</b> KENT NELSON 850 EAST ST WAYNESVILLE NC 28786  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,645.00
3.431.	<b>Nonpriority creditor's name and mailing address</b> KERSHAW COUNTY CHAMBER/VIS CTR PO BOX 605 CAMDEN SC 29021  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$430.00
3.432.	<b>Nonpriority creditor's name and mailing address</b> KERSHAW NEWS-ERA PO BOX 398 KERSHAW SC 29067  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$212.92

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.433.	<b>Nonpriority creditor's name and mailing address</b> KEY APPROACH INC PO BOX 20837 ROANOKE VA 24018  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$221.25
3.434.	<b>Nonpriority creditor's name and mailing address</b> KEYMASTERS SAFE & LOCK 26 MO'S WAY CANDLER NC 28715  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$392.75
3.435.	<b>Nonpriority creditor's name and mailing address</b> KEYS INNOVATIVE SOLUTIONS PO BOX 842307 BOSTON MA 02284-2307  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,156.32

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.436.	<b>Nonpriority creditor's name and mailing address</b> KILO, LLC D/B/A ROTO-ROOTER P.O. BOX 669 FAYETTEVILLE NC 28302  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.437.	<b>Nonpriority creditor's name and mailing address</b> KING'S LANDSCAPING & IRRIGATION 311 BOST ROAD MORGANTON NC 28655  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,100.00
3.438.	<b>Nonpriority creditor's name and mailing address</b> KINGSPORT CHAMBER OF COMMERCE 400 CLINCHFIELD STREET SUITE 100 KINGSPORT TN 37660  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,160.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.439.	<b>Nonpriority creditor's name and mailing address</b> KINGSPORT HEATING 1905 BROOKSIDE LANE KINGSPORT TN 37660  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00
3.440.	<b>Nonpriority creditor's name and mailing address</b> KLEEN-CO PO BOX 6592 WARNER ROBINS GA 31095  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$865.00
3.441.	<b>Nonpriority creditor's name and mailing address</b> KOLAGAPE PROMOTIONS INV 131 FRANKLIN PLAZA SUITE 347 FRANKLIN NC 28734  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.442.	<b>Nonpriority creditor's name and mailing address</b> KOURY CORP 2275 VANSTORY ST STE 200 GREENSBORO NC 27403  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$165,066.02
3.443.	<b>Nonpriority creditor's name and mailing address</b> KOURY CORPORATION CARRUTHERS & ROTH, P.A. ROBERT N. YOUNG RICHARD L VANORE NORMAN F KLINK JR P.O. BOX 540 GREENSBORO NC 27402  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.444.	<b>Nonpriority creditor's name and mailing address</b> KOURY CORPORATION 2275 VANSTORY STREET SUITE 200 GREENSBORO NC 27403  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,185.54

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.445.	<b>Nonpriority creditor's name and mailing address</b> L..R PRICE EQUIPMENT CO, INC PO BOX 16051 GREENSBORO NC 27406  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$261.27
3.446.	<b>Nonpriority creditor's name and mailing address</b> LAIL ELECTRIC SERVICE, INC PO BOX 582 LINCOLNTON NC 28093-0582  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$151.15
3.447.	<b>Nonpriority creditor's name and mailing address</b> LAMAR COMPANIES PO BOX 96030 BATON ROUGE LA 70896  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,190.85

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.448.	<b>Nonpriority creditor's name and mailing address</b> LANE'S LAWN CARE 30 CHATHAM DRIVE BLAIRSVILLE GA 30512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,840.00
3.449.	<b>Nonpriority creditor's name and mailing address</b> LAURENS ELECTRIC ATTN:MELODY HINES PO BOX 700 LAURENS SC 29360  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$384.82
3.450.	<b>Nonpriority creditor's name and mailing address</b> LAWN MAINT. SERVICE, INC. SHERYL FAMBROUGH LAW OFFICE OF SHERYL FAMBROUGH 1104B SOUTH MADISON AVE. MONROE GA 30655  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.451.	<b>Nonpriority creditor's name and mailing address</b> LAWN MANAGEMENT SERVICE PO BOX 902 MONROE GA 30655  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,740.00
3.452.	<b>Nonpriority creditor's name and mailing address</b> LAWNS BY GREG 3449 BANKS MILL RD AIKEN SC 29803  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00
3.453.	<b>Nonpriority creditor's name and mailing address</b> LAZY LIFE UPHOLSTERY 4342 EVANS TO LOCKS RD EVANS GA 30809  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$572.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.454.	<b>Nonpriority creditor's name and mailing address</b> LEGRAND'S LAWN CARE 1016 HUNTER VALLEY RD SHELBY NC 28150  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,105.00
3.455.	<b>Nonpriority creditor's name and mailing address</b> LEROY DYER SIGNS PO BOX 14096 GREENVILLE SC 29610  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,474.32
3.456.	<b>Nonpriority creditor's name and mailing address</b> LIGON PROPERTIES LLC RICHARD LIGON 5159 PELHAM RD GREENVILLE SC 29615  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$73,417.22

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.457.	<b>Nonpriority creditor's name and mailing address</b> LIMESTONE ATHLETIC DEPT BEN PRICE, SAINTS CLUB 1115 COLLEGE DRIVE GAFFNEY SC 29340  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
3.458.	<b>Nonpriority creditor's name and mailing address</b> LINCOLNTON PAINT AND GLASS 2190 HARTMAN ST LINCOLNTON NC 28092  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$555.10
3.459.	<b>Nonpriority creditor's name and mailing address</b> LIQUID ASSETS PLUMBING PO BOX 18502 GREENSBORO NC 27419  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$112.62

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.460.	<b>Nonpriority creditor's name and mailing address</b> LOWE, BRADLEY J 363 GAP CREEK RD DUNCAN SC 29334-9102  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.461.	<b>Nonpriority creditor's name and mailing address</b> LOWES PO BOX 530954 ATLANTA GA 30353-0954  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,771.05
3.462.	<b>Nonpriority creditor's name and mailing address</b> LUTZ RESIDENTIAL GARAGE DOORS 359 HUFFSTETLER LAKE ROAD DALLAS NC 28034  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,225.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.463.	<b>Nonpriority creditor's name and mailing address</b> LYNCHS COMMERCIAL REFRIGERATION 107 S BROAD ST FAYETTEVILLE NC 28301  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$599.82
3.464.	<b>Nonpriority creditor's name and mailing address</b> LYTTEN LOCKSMITH, INC 215 S COLUMBIA STREET GASTONIA NC 28054-7141  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90.74
3.465.	<b>Nonpriority creditor's name and mailing address</b> M & W OUTDOOR, LLC PO BOX 1282 ORANGEBURG SC 29116  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,180.00



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.466.	<b>Nonpriority creditor's name and mailing address</b> M&R INVESTORS (JAMES B. ROGERS AND LOUIS C. MANIOS) 340 NORTH MAIN ST. GREENVILLE SC 29601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.467.	<b>Nonpriority creditor's name and mailing address</b> MANIOS, JAMES ROGERS AND LOUIS 340 NORTH MAIN ST GREENVILLE SC 29601  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$191,781.65
3.468.	<b>Nonpriority creditor's name and mailing address</b> MARKET FORCE INFORMATION DEPT 0320 PO BOX 120320 DALLAS TX 75312-0320  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,115.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.469.	<b>Nonpriority creditor's name and mailing address</b> MARS BLUFF SPECIALTY SERVICES 721 1/2 N. PRICE RD FLORENCE SC 29506  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,135.24
3.470.	<b>Nonpriority creditor's name and mailing address</b> MARVINS PRODUCE 240 GENOBLE ROAD GREER SC 29651  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$99.21
3.471.	<b>Nonpriority creditor's name and mailing address</b> MASSEY PLUMBING, INC 134 MCCULLY RD GASTONIA NC 28052  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$836.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.472.	<b>Nonpriority creditor's name and mailing address</b> MASTER'S ELECTRICAL SERVICES PO BOX 1610 BLAIRSVILLE GA 30514  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$151.05
3.473.	<b>Nonpriority creditor's name and mailing address</b> MASTERS MARK DRY CLEANING PO BOX 2234 SPARTANBURG SC 29304  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$85.56
3.474.	<b>Nonpriority creditor's name and mailing address</b> MATHIS PLUMBING & HEATING CO, INC PO BOX 716 GREENWOOD SC 29648  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$964.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.475.	<b>Nonpriority creditor's name and mailing address</b> MCDOWELL CHEER MASTERS LLC 1219 ASHE BRIDGE RD MARION NC 28752  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18.98
3.476.	<b>Nonpriority creditor's name and mailing address</b> MCDOWELL COUNTY FINANCE 60 EAST COURT STREET MARION NC 28752  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1.89
3.477.	<b>Nonpriority creditor's name and mailing address</b> MCDOWELL SQUARE ASSOCIATES, LLC 455 FAIRWAY DR., STE. 301 DEERFIELD BEACH FL 33441  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.478.	<b>Nonpriority creditor's name and mailing address</b> MCGRADY-PERDUE HEATING AND COOLING, INC 690 NORTH FRANKLIN ST CHRISTIANSBURG VA 24073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,075.00
3.479.	<b>Nonpriority creditor's name and mailing address</b> MCT ENTERPRISES PO BOX 51404 PIEDMONT SC 29673  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,046.90
3.480.	<b>Nonpriority creditor's name and mailing address</b> MEAN STEAM CARPET CLEANING 601 TUG CT WARNER ROBINS GA 31088  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.80

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.481.	<b>Nonpriority creditor's name and mailing address</b> MEANS WELDING 2030 CENTER ST SPARTANBURG SC 29303  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.00
3.482.	<b>Nonpriority creditor's name and mailing address</b> MELTING POT MUSIC SOCIETY 104 A FRANKLIN AVE PMB 178 SPARTANBURG SC 29301  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
3.483.	<b>Nonpriority creditor's name and mailing address</b> MICHAEL D'S CARPET CLEANING 107 RESERVOIR ST DARLINGTON SC 29532  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$350.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.484.	<b>Nonpriority creditor's name and mailing address</b> MICHAEL LANDRETH 124 COUNTRY LN EASLEY SC 29642  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$251.19
3.485.	<b>Nonpriority creditor's name and mailing address</b> MICHAEL LATTIMER 471 ROBINSON ST ORANGEBURG SC 29115  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$75.00
3.486.	<b>Nonpriority creditor's name and mailing address</b> MICHELLE GITZINGER 1514 BRYANT RD RANGER GA 30734  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$168.27

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.487.	<b>Nonpriority creditor's name and mailing address</b> MICROTEL INN & SUITES 171 H. MULLINS COURT JASPER GA 30143  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$180.98
3.488.	<b>Nonpriority creditor's name and mailing address</b> MICROTEL INN & SUITES 1047 RIVERVIEW ROAD ROCK HILL SC 29730  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$92.08
3.489.	<b>Nonpriority creditor's name and mailing address</b> MID-CAROLINA ELECTRIC PO BOX 669 LEXINGTON SC 29071-0669  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,525.10



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.490.	<b>Nonpriority creditor's name and mailing address</b>  MILESTONE PARTNERS III LP 555 EAST LANCASTER AVE STE 500 RADNOR PA 19087  <b>Date or dates debt was incurred</b>  MARCH 21, 2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  SENIOR SUBORDINATED CREDIT AGREEMENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$751,364.57
3.491.	<b>Nonpriority creditor's name and mailing address</b>  MILESTONE PARTNERS III LP 2 555 EAST LANCASTER AVE STE 500 RADNOR PA 19087  <b>Date or dates debt was incurred</b>  MARCH 21, 2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  SENIOR SUBORDINATED CREDIT AGREEMENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$281,190.37
3.492.	<b>Nonpriority creditor's name and mailing address</b>  MILLER DRILLING AND REPAIR 289 BERNHARDT DR ELLIJAY GA 30536  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$700.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.493.	<b>Nonpriority creditor's name and mailing address</b> MONARCH CALENDAR PO BOX 641 MORRISTOWN TN 37815  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.494.	<b>Nonpriority creditor's name and mailing address</b> MORGANTON HAMPTON INN C/O IMIC HOTELS ONE SURREY COURT COLUMBIA SC 29212  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,778.00
3.495.	<b>Nonpriority creditor's name and mailing address</b> MORRIS MECHANICAL, INC PO BOX 1215 DALLAS NC 28034-1215  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$286.54

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.496.	<b>Nonpriority creditor's name and mailing address</b>  MOUNTAIN EXPRESS SERVICES, INC 1620 OLD MURPHY ROAD FRANKLIN NC 28734  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$136.10
3.497.	<b>Nonpriority creditor's name and mailing address</b>  MOUNTAIN MECHANICAL SERVICES 762 KINGTOWN STREET BLUE RIDGE GA 30513  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$445.00
3.498.	<b>Nonpriority creditor's name and mailing address</b>  MR ELECTRIC 710 CHEROKEE NATIONAL HWY GAFFNEY SC 29341  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$331.74

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.499.	<b>Nonpriority creditor's name and mailing address</b> MR ROOTER PLUMBING PO BOX 407 LEXINGTON SC 29071  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$545.54
3.500.	<b>Nonpriority creditor's name and mailing address</b> MR. ROOTER PO BOX 577 POOLER GA 31322  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,442.51
3.501.	<b>Nonpriority creditor's name and mailing address</b> MR. ROOTER PLUMBING 130 POWELL RD ANDERSON SC 29625  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$666.09

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.502.	<b>Nonpriority creditor's name and mailing address</b> MRB LLC 1249 S. PLEASANTBURG DR GREENVILLE SC 29605  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$47,687.50
3.503.	<b>Nonpriority creditor's name and mailing address</b> MRB LLC 1249 S. PLEASANTBURG DR GREENVILLE SC 29605  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$197,880.00
3.504.	<b>Nonpriority creditor's name and mailing address</b> MRB. LLC 1249 S. PLEASANTBURG DR. GREENVILLE SC 29605  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.505.	<b>Nonpriority creditor's name and mailing address</b> MSPARK-DALLAS LOCKBOX PO BOX 848469 DALLAS TX 75284-8469  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24,873.38
3.506.	<b>Nonpriority creditor's name and mailing address</b> MY EMPLOYEES 312 CROWATAN RD CASTLE HAYNE NC 28429  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,860.56
3.507.	<b>Nonpriority creditor's name and mailing address</b> NARGUIZIAN, JOHN PAUL NARGUZIAN 13138 CHANDLER BLVD SHERMAN OAKS CA 91401  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$46,313.09

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.508.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL FOOD EQUIPMENT PO BOX 26405 RALEIGH NC 27611-6405  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,919.47
3.509.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL WELDERS SUPPLY CO., INC PO BOX 602792 CHARLOTTE NC 28260-2792  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,192.40
3.510.	<b>Nonpriority creditor's name and mailing address</b> NC CHILD SUPPORT CENTRAL COLLEGE PO BOX 900012 RALEIGH NC 27675-9012  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,022.80

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.511.	<b>Nonpriority creditor's name and mailing address</b> NC DEPARTMENT OF TRANSPORTATIO 1514 MAIL SERVICE CENTER RALEIGH NC 27699-1514  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,500.00
3.512.	<b>Nonpriority creditor's name and mailing address</b> NC DOR ATTN: PAYMENT PROCESSING UNIT PO BOX 27431 RALEIGH NC 27611-7431  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9.35
3.513.	<b>Nonpriority creditor's name and mailing address</b> NCR CORPORATION PO BOX 198755 ATLANTA GA 30384-8755  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$84,143.76



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.514.	<b>Nonpriority creditor's name and mailing address</b> NCR CORPORATION 2142 EXECUTIVE HALL ROAD CHARLESTON SC 29407  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$599.97
3.515.	<b>Nonpriority creditor's name and mailing address</b> NELSON BUCKET TRUCK SERVICES 360 NELSON CIRCLE BLAIRSVILLE GA 30512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$222.38
3.516.	<b>Nonpriority creditor's name and mailing address</b> NELSON, MULLINS, RILEY & SCARB ATTN: ACCOUNTS RECEIVABLE P.O. DRAWER 11009 COLUMBIA SC 29211-2000  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,129.54

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.517.	<b>Nonpriority creditor's name and mailing address</b> NEW IMAGE LANDSCAPING SUPPLY 1380 SIMS STREET ORANGEBURG SC 29115  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,200.00
3.518.	<b>Nonpriority creditor's name and mailing address</b> NEW RIVER CARPET CLEANING , INC PO BOX 400 MCCOY VA 24111  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.519.	<b>Nonpriority creditor's name and mailing address</b> NEW RIVER VALLEY RESTAURANT SERVICES 6695 DUNKARD ROAD DUBLIN VA 24084  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,452.70

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.520.	<b>Nonpriority creditor's name and mailing address</b> NIMBLE 1600 INDIAN BROOK WAY NORCROSS GA 30093  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,036.27
3.521.	<b>Nonpriority creditor's name and mailing address</b> NORRIS, AVERY 402 EAST SILVERLEAF ST GREER SC 29650  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.522.	<b>Nonpriority creditor's name and mailing address</b> NORTH CAROLINA STATE EDUCATION ATTENTION:ADMINISTRATIVE WAGE PO BOX 14002 RESEARCH TRIANGLE PARK NC 27709  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83.12

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.523.	<b>Nonpriority creditor's name and mailing address</b> NORTH CHARLESTON SEWER DISTRICT PO BOX 63009 NORTH CHARLESTON SC 29419  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5.00
3.524.	<b>Nonpriority creditor's name and mailing address</b> NORTH GEORGIA NEWS PO BOX 2029 BLAIRSVILLE GA 30514  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$91.60
3.525.	<b>Nonpriority creditor's name and mailing address</b> NORTHLAND CABLE TELEVISION - GWD PO BOX 790307 ST LOUIS MO 63179-0307  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97.78

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.526.	<b>Nonpriority creditor's name and mailing address</b> NORTHLAND CABLE TELEVISION - SEN PO BOX 790307 ST LOUIS MO 63179-0307  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$92.16
3.527.	<b>Nonpriority creditor's name and mailing address</b> NUCO2 INC PO BOX 417902 BOSTON MA 02241-7902  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,040.01
3.528.	<b>Nonpriority creditor's name and mailing address</b> NYS CHILD SUPPORT PROCESSING CENTER PO BOX 15363 ALBANY NY 12212-5363  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19.29

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.529.	<b>Nonpriority creditor's name and mailing address</b> OCONEE CHAMBER PO BOX 8102 SENECA SC 29678  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$250.00
3.530.	<b>Nonpriority creditor's name and mailing address</b> OHLANDT PROPERTIES LLC 197 RIVER RD BARNWELL SC 29812  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$87,081.50
3.531.	<b>Nonpriority creditor's name and mailing address</b> OHMSTEAD PLUMBING CO., LLC 470 WASHINGTON STREET FOREST CITY NC 28043  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,037.90

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.532.	<b>Nonpriority creditor's name and mailing address</b>  OLD MILL STREAM LLC WILLIAM H BURTON III 491 CONNECTICUT AVE SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b>  MARCH 21, 2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  AMENDED & RESTATED SUBORDINATED PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,943,830.22
3.533.	<b>Nonpriority creditor's name and mailing address</b>  OLD MILL STREAM LLC WILLIAM H BURTON III 491 CONNECTICUT AVE SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$166,258.90
3.534.	<b>Nonpriority creditor's name and mailing address</b>  OLD MILL STREAM LLC WILLIAM H BURTON III 491 CONNECTICUT AVE SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$159,725.30

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.535.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM LLC WILLIAM H BURTON III 491 CONNECTICUT AVE SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$158,650.61
3.536.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM LLC WILLIAM H BURTON III 491 CONNECTICUT AVE SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$178,773.30
3.537.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM LLC WILLIAM H BURTON III 491 CONNECTICUT AVE SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$194,681.40



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.538.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM, LLC ATTN: WILLIAM H. BURTON, III 491 CONNECTICUT AVE. SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.539.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM, LLC ATTN: WILLIAM H. BURTON, III 491 CONNECTICUT AVE. SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.540.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM, LLC ATTN: WILLIAM H. BURTON, III 491 CONNECTICUT AVE. SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.541.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM, LLC ATTN: WILLIAM H. BURTON, III 491 CONNECTICUT AVE. SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.542.	<b>Nonpriority creditor's name and mailing address</b> OLD MILL STREAM, LLC ATTN: WILLIAM H. BURTON, III 491 CONNECTICUT AVE. SPARTANBURG SC 29302  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.543.	<b>Nonpriority creditor's name and mailing address</b> ON CALL PLUMBING, HEATING & AC 3770 FERNANDINA ROAD COLUMBIA SC 29210  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$345.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.544.	<b>Nonpriority creditor's name and mailing address</b> ONE CALL PLUMBING, INC 336 EXCHANGE ST SPARTANBURG SC 29306  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,038.00
3.545.	<b>Nonpriority creditor's name and mailing address</b> ONE SOURCE PO BOX 641 ORANGEBURG SC 29118  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,360.20
3.546.	<b>Nonpriority creditor's name and mailing address</b> ORANGEBURG COUNTY CHAMBER PO BOX 328 ORANGEBURG SC 29116-0328  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$295.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.547.	<b>Nonpriority creditor's name and mailing address</b> ORANGEBURG COUNTY FAMILY COURT P.O. BOX 9000 ORANGEBURG SC 29116  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32.17
3.548.	<b>Nonpriority creditor's name and mailing address</b> OSBORN, MARYANNE 866 MANNING GEN RD MONROE GA 30620  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GENERAL LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.549.	<b>Nonpriority creditor's name and mailing address</b> PAIR NETWORKS, INC 2403 SIDNEY ST SUITE 210 PITTSBURGH PA 15203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$179.85

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.550.	<b>Nonpriority creditor's name and mailing address</b> PALMETTO HEATING & AIR, LLC 3974 HIGHWAY 153 GREENVILLE SC 29611  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,958.00
3.551.	<b>Nonpriority creditor's name and mailing address</b> PALMETTO HEATING & COOLING 3695 CLAUSSEN ROAD FLORENCE SC 29505  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$725.00
3.552.	<b>Nonpriority creditor's name and mailing address</b> PALMETTO RESTAURANT CLEANING 920 BOILING SPRINGS ROAD LEXINGTON SC 29073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$775.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.553.	<b>Nonpriority creditor's name and mailing address</b> PANDORA MEDIA 25601 NETWORK PLACE CHICAGO IL 60673-1256  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,704.31
3.554.	<b>Nonpriority creditor's name and mailing address</b> PARKER, CHARNISE 3509 LAKE AVE APT 2084 COLUMBIA SC 29206  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PRODUCTS CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.555.	<b>Nonpriority creditor's name and mailing address</b> PATRIOT PRO TURF AND LANDSCAPE PO BOX 3191 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,115.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.556.	<b>Nonpriority creditor's name and mailing address</b> PATTON HIGH SCHOOL 701 ENOLA MORGANTON NC 28655  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.557.	<b>Nonpriority creditor's name and mailing address</b> PENSKE TRUCK LEASING CO.,L.P PO BOX 532658 ATLANTA GA 30353  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,406.44
3.558.	<b>Nonpriority creditor's name and mailing address</b> PEPPER HAMILTON LLP ATTN: ACCOUNTING DEPT 3000 TWO LOGAN SQUARE PHILADELPHIA PA 19103-2799  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$107,276.81

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.559.	<b>Nonpriority creditor's name and mailing address</b> PEPSI-COLA GREENVILLE P.O. BOX 3567 GREENVILLE SC 29608  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$266.86
3.560.	<b>Nonpriority creditor's name and mailing address</b> PEPSI-COLA NATIONAL PO BOX 75948 CHICAGO IL 60675-5948  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,480.27
3.561.	<b>Nonpriority creditor's name and mailing address</b> PETER TELL 2749 OLD KNOXVILLE HWY GREENEVILLE TN 37743  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36.40



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.562.	<b>Nonpriority creditor's name and mailing address</b> PHASE 3 MEDIA, LLC DEPT 7052 PO BOX 740209 ATLANTA GA 30374  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24,836.09
3.563.	<b>Nonpriority creditor's name and mailing address</b> PICKENS COUNTY CHAMBER 500 STEGALL DRIVE JASPER GA 30143  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
3.564.	<b>Nonpriority creditor's name and mailing address</b> PIEDMONT NATURAL GAS PO BOX 1246 CHARLOTTE NC 28201-1246  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,567.01

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.565.	<b>Nonpriority creditor's name and mailing address</b> PIERCE PARTS & SERVICE, INC 2422 ALLEN ROAD MACON GA 31216  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$342.65
3.566.	<b>Nonpriority creditor's name and mailing address</b> PINNACLE HEATING & COOLING 601 WATERSIDE STREET NORTH MYRTLE BEACH SC 29582  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$249.00
3.567.	<b>Nonpriority creditor's name and mailing address</b> PIONEER CLEANING SERVICES 716 FAIRFOREST DRIVE GREENWOOD SC 29646  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.568.	<b>Nonpriority creditor's name and mailing address</b> PLUM 4 U LLC PO BOX 1463 LINCOLNTON NC 28093  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$446.52
3.569.	<b>Nonpriority creditor's name and mailing address</b> PLUMBING MATTERS 4875 HWY 11 INMAN SC 29349  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
3.570.	<b>Nonpriority creditor's name and mailing address</b> PLUMBSMART PO BOX 2200 WEAVERVILLE NC 28787  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$135.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.571.	<b>Nonpriority creditor's name and mailing address</b> POLK ELECTRIC LLC PO BOX 10547 ROCK HILL SC 29731  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$95.00
3.572.	<b>Nonpriority creditor's name and mailing address</b> POP A LOCK PO BOX 41241 CHARLESTON SC 29423  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$340.05
3.573.	<b>Nonpriority creditor's name and mailing address</b> POTEAT'S LOCK & KEY 1015 HIGHLAND AVE NE PO BOX 2203 HICKORY NC 28603-2203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$180.83

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.574.	<b>Nonpriority creditor's name and mailing address</b> PP GASTON MALL JOE AND CHARLIE PEARSON 1422 BURTONWOOD DR STE 200 GASTONIA NC 28054  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90,000.00
3.575.	<b>Nonpriority creditor's name and mailing address</b> PP-COX ROAD GRAY LAYTON KERSH SOLOMON FURR & SMITH, P.A. WILLIAM E. MOORE, JR. 516 S NEW HOPE RD. GASTONIA NC 28054  <b>Date or dates debt was incurred</b> <hr/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.576.	<b>Nonpriority creditor's name and mailing address</b> PP-GASTON MALL, LLC 1422 BURTONWOOD DRIVE SUITE 200 GASTONIA NC 28054  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,955.92

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.577. <b>Nonpriority creditor's name and mailing address</b> PRECISION ELECTRIC 2808 BLOOMINGDALE PIKE KINGSPORT TN 37660	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$2,304.86
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.578. <b>Nonpriority creditor's name and mailing address</b> PRECISION LAWN CARE 312 PALOMINO LANE WARNER ROBINS GA 31088	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$225.00
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.579. <b>Nonpriority creditor's name and mailing address</b> PREMIER FIRE PROTECTION, INC P.O. BOX 1103 BRISTOL TN 37621	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$3,813.16
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.580.	<b>Nonpriority creditor's name and mailing address</b> PREMIER GREASE INC PO BOX 3535 ALPHARETTA GA 30023  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$952.92
3.581.	<b>Nonpriority creditor's name and mailing address</b> PRESBYTERIAN COLLEGE ATHLETICS 105 ASHLAND AVENUE ATHLETIC DEPT CLINTON SC 29325  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,000.00
3.582.	<b>Nonpriority creditor's name and mailing address</b> PRESLEY MABUS 121 NORTHPOINTDE APT 1208 LEXINGTON SC 29072  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$533.45

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>3.583.</b>	<b>Nonpriority creditor's name and mailing address</b> PRINT DEPOT 428 D HYATT STREET GAFFNEY SC 29340  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37.78
<b>3.584.</b>	<b>Nonpriority creditor's name and mailing address</b> PROFESSIONAL CARPET CARE 117 FIDDLER DRIVE MARION NC 28752  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,695.00
<b>3.585.</b>	<b>Nonpriority creditor's name and mailing address</b> PROFESSIONAL PARTY RENTALS 647 CONGAREE RD GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,221.66



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.586.	<b>Nonpriority creditor's name and mailing address</b> PROFLAME PO BOX 910 BLAIRSVILLE GA 30514  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,381.98
3.587.	<b>Nonpriority creditor's name and mailing address</b> PROELECTRIC 6606 ABERCORN ST. SUITE 120 SAVANNAH GA 31405  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$169.50
3.588.	<b>Nonpriority creditor's name and mailing address</b> PRO-TECH FIRE SERVICES, LLC 1220 BROUGHTON BLVD FLORENCE SC 29501  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,094.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.589.	<b>Nonpriority creditor's name and mailing address</b> PROVIDENCE ENVIRONMENTAL CONCEPTS AND SERVICES, LLC PO BOX 3216 COLUMBIA SC 29230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,315.00
3.590.	<b>Nonpriority creditor's name and mailing address</b> PSA PO BOX 998 PULASKI VA 24301-0998  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,616.22
3.591.	<b>Nonpriority creditor's name and mailing address</b> PUBLIC SERVICE COMPANY OF N.C. PO BOX 100256 COLUMBIA SC 29202-3256  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,956.40

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.592.	<b>Nonpriority creditor's name and mailing address</b>  PURIFIED AIR SERVICES, INC. 280 OLD CLAY STREET MARIETTA GA 30060  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,395.10
3.593.	<b>Nonpriority creditor's name and mailing address</b>  PYE BARKER 13142 ALBEMARLE RD MINT HILL NC 28227  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$30,339.17
3.594.	<b>Nonpriority creditor's name and mailing address</b>  PYE BARKER PO BOX 503 PIEDMONT SC 29673  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$154.58

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.595.	<b>Nonpriority creditor's name and mailing address</b> QSR AUTOMATIONS, INC 2301 STANLEY GAULT PARKWAY LOUISVILLE KY 40223  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,026.97
3.596.	<b>Nonpriority creditor's name and mailing address</b> QUALITY GLASS 234 OLD EPPS BRIDGE ROAD ATHENS GA 30606  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$758.00
3.597.	<b>Nonpriority creditor's name and mailing address</b> QUALITY INN 177 W ATHENS ST WINDER GA 30680  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,935.91

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.598.	<b>Nonpriority creditor's name and mailing address</b> QUALITY INN 226 HITECH RD SENECA SC 29678  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$175.90
3.599.	<b>Nonpriority creditor's name and mailing address</b> QUILL CORPORATION PO BOX 37600 PHILADELPHIA PA 19101-0600  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$525.31
3.600.	<b>Nonpriority creditor's name and mailing address</b> R & R SERVICES 889 SUMMER SOUND ROAD PINEY FLATS TN 37686  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$244.58

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.601.	<b>Nonpriority creditor's name and mailing address</b> R&G PLUMBING & SEWER SERVICE PO BOX 60835 CHARLESTON SC 29419  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,261.47
3.602.	<b>Nonpriority creditor's name and mailing address</b> RAMAL LEASING COMPANY LLC 420 S HILL ST BUFORD GA 30518  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00
3.603.	<b>Nonpriority creditor's name and mailing address</b> RAMSEY ENTERPRISES, LLC PO BOX 294 REMBERT SC 29128  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.604.	<b>Nonpriority creditor's name and mailing address</b> RANDOLPH, DEBRAH 565 LIBERTY S RD CHUCKEY TN 37641  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> AUTO LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.605.	<b>Nonpriority creditor's name and mailing address</b> RANDY FINLEY 66 HEDGEWOOD DRIVE MARION NC 28752  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$475.00
3.606.	<b>Nonpriority creditor's name and mailing address</b> RAPID RESPONSE 160 WINKLER RD SENECA SC 29678  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$151.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.607.	<b>Nonpriority creditor's name and mailing address</b> RAPID ROOTER INC 22 SUNNY HILLS DR ATHENS GA 30601  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$270.00
3.608.	<b>Nonpriority creditor's name and mailing address</b> RAPIT ROOTER PLUMBING 68 LAKESIDE CIRCLE FRANKLIN NC 28734  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,015.00
3.609.	<b>Nonpriority creditor's name and mailing address</b> RB LOCKSMITH 106 HERITAGE OAKS DR BALL GROUND GA 30107  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$939.70



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.610.	<b>Nonpriority creditor's name and mailing address</b> RCC SHOPPES AT WEST MARKET NEW LINK MANAGEMENT GROUP PO BOX 17710 RICHMOND VA 23226  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$35,636.81
3.611.	<b>Nonpriority creditor's name and mailing address</b> RDK EQUIPMENT 2988 GILLESPIE ST FAYETTEVILLE NC 28306  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,300.49
3.612.	<b>Nonpriority creditor's name and mailing address</b> RDK EQUIPMENT COMPANY, INC PO BOX 64666 FAYETTEVILLE NC 28306  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,465.47

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.613.	<b>Nonpriority creditor's name and mailing address</b>  REA LANDSCAPE MANAGEMENT, LLC 2544 H ASHLEY RIVER RD CHARLESTON SC 29414  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,150.00
3.614.	<b>Nonpriority creditor's name and mailing address</b>  RED AND BLACK 540 BAXTER ST ATHENS GA 30605  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$480.00
3.615.	<b>Nonpriority creditor's name and mailing address</b>  REDMOND, NATE 165 CUDDLES LANE BOSTIC NC 28018  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  OP PAYOUT BALANCE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$56,515.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.616.	<b>Nonpriority creditor's name and mailing address</b>  REECE HEATING AND AIR, LLC 252A LAKE JOY ROAD PERRY GA 31069  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$2,493.00
3.617.	<b>Nonpriority creditor's name and mailing address</b>  REGAL CARPET CLEANERS 22 SPRINGSIDE LN FRANKLIN NC 28734  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$650.00
3.618.	<b>Nonpriority creditor's name and mailing address</b>  REGGIE FRYE 5211 SOUTH MAIN STREET COWPENS SC 29330  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TRADE PAYABLE  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,600.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.619.	<b>Nonpriority creditor's name and mailing address</b> RESTAURANT CARD CENTRAL, LLC PO BOX 1192 WHITE HOUSE TN 37188  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$116.77
3.620.	<b>Nonpriority creditor's name and mailing address</b> RESTAURANT EQUIPMENT SERVICES, INC 5119 S ROYAL ATLANTA DR TUCKER GA 30084  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$465.00
3.621.	<b>Nonpriority creditor's name and mailing address</b> RESTAURANT MAGIC 4010 W BOY SCOUT BLVD SUITE 300 TAMPA FL 33607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,656.94

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.622.	<b>Nonpriority creditor's name and mailing address</b> RESTAURANT TECHNOLOGIES, INC 12962 COLLECTIONS CENTER DRIVE CHICAGO IL 60693  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$118,439.05
3.623.	<b>Nonpriority creditor's name and mailing address</b> RICE PLUMBING 112 WILLIAMS DRIVE ATHENS GA 30606  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$628.00
3.624.	<b>Nonpriority creditor's name and mailing address</b> RICHLAND COUNTY FINANCE PO BOX 192 COLUMBIA SC 29202  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,474.12

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.625.	<b>Nonpriority creditor's name and mailing address</b> RICHMOND COUNTY CHAMBER 2 MAIN STREET SUITE 204 HAMLET NC 28345  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00
3.626.	<b>Nonpriority creditor's name and mailing address</b> RIDGEWAY PLUMBING 428 CHILDERS ST PMB 24211 PENSACOLA FL 32534  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$959.00
3.627.	<b>Nonpriority creditor's name and mailing address</b> RIVERS PLUMBING & ELECTRICAL PO BOX 647 CHESTERFIELD SC 29709  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,626.05

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.628.	<b>Nonpriority creditor's name and mailing address</b> RIVERVIEW OFFICE PARK LEANN WEBER PO BOX 616 TAYLORS SC 29687  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,960.06
3.629.	<b>Nonpriority creditor's name and mailing address</b> RIVERVIEW OFFICE PARK, LLC P.O. BOX 616 TAYLORS SC 29687  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.630.	<b>Nonpriority creditor's name and mailing address</b> RIZON RESTAURANT SERVICES, INC 103 SCHOOLSIDE DRIVE, STE 131 ROCK HILL SC 29730  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,294.27

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.631.	<b>Nonpriority creditor's name and mailing address</b> ROBINSON, BRADSHAW & HINSON 101 N TRYON STREET SUITE 1900 CHARLOTTE NC 28246  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$96,781.88
3.632.	<b>Nonpriority creditor's name and mailing address</b> ROCKINGHAM ABC 642 EAST BOARD AVE ROCKINGHAM NC 28630  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30.00
3.633.	<b>Nonpriority creditor's name and mailing address</b> RODGERS UPHOLSTERY SHOP 4490 COLUMBUS RD MACON GA 31206  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,599.50



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.634.	<b>Nonpriority creditor's name and mailing address</b> RON'S CARPET CLEANERS 62 AIRVIEW DRIVE GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,427.50
3.635.	<b>Nonpriority creditor's name and mailing address</b> ROOTER MAN PO BOX 549 GUYTON GA 31312  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$487.78
3.636.	<b>Nonpriority creditor's name and mailing address</b> ROSSON SIGN COMPANY 3071 BROADWAY MACON GA 31026  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$782.72

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.637.	<b>Nonpriority creditor's name and mailing address</b> ROTO ROOTER 136 TANNER ROAD GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$524.30
3.638.	<b>Nonpriority creditor's name and mailing address</b> ROTO ROOTER-BRISTOL PO BOX 454 BRISTOL VA 24203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$563.00
3.639.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER PO BOX 577 ROEBUCK SC 29376  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,514.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.640.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER PO BOX 2506 ROCK HILL SC 29732-2506  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$478.95
3.641.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER PO BOX 652 HIGHLANDS NC 28741  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$425.00
3.642.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER ANDERSON 136 TANNER RD GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$269.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.643.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER CHARLESTON PO BOX 31237 CHARLESTON SC 29417  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$182.50
3.644.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER OF GREENVILLE 136 TANNER RD GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$269.00
3.645.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER OF GREENWOOD PO BOX 3512 GREENWOOD SC 29648  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,750.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.646.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER PLUMBING PO BOX 2834 IRMO SC 29063  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,138.98
3.647.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER SEWER SERVICE P O BOX 488 GREENEVILLE TN 37744-0488  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,390.84
3.648.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER-FAYETTEVILLE PO BOX 669 FAYETTEVILLE NC 28302  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,243.09

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.649.	<b>Nonpriority creditor's name and mailing address</b> ROTO-ROOTER-HICKORY PO BOX 1508 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$550.00
3.650.	<b>Nonpriority creditor's name and mailing address</b> RUSHTON GENERAL CONTRACTING 195 FOREST ROAD LINCOLNTON NC 29092  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$854.61
3.651.	<b>Nonpriority creditor's name and mailing address</b> RUTHERFORD HEATING & AIR, INC 737 EAST MAINT STREET SPINDALE NC 28160  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$942.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.652.	<b>Nonpriority creditor's name and mailing address</b> SAFE GARD PRODUCTS PO BOX 88043 CHICAGO IL 60680-1043  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,664.57
3.653.	<b>Nonpriority creditor's name and mailing address</b> SANDY SPRINGS WATER DIST. PO BOX 730 SANDY SPRINGS SC 29677  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$133.45
3.654.	<b>Nonpriority creditor's name and mailing address</b> SAWYERS PRODUCE 2350 EBENEZER RD ROCK HILL SC 29732  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$84.80

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.655.	<b>Nonpriority creditor's name and mailing address</b> SC DEPT OF LLR PO BOX 11329 COLUMBIA SC 29211-1329  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$25.00
3.656.	<b>Nonpriority creditor's name and mailing address</b> SC DEPT. OF REVENUE PO BOX 125 COLUMBIA SC 29214-0215  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29.81
3.657.	<b>Nonpriority creditor's name and mailing address</b> SCANA ENERGY PO BOX 100157 COLUMBIA SC 29202-3157  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,624.91



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.658.	<b>Nonpriority creditor's name and mailing address</b> SCEPF PO BOX 2174 CAMDEN SC 29020  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,200.00
3.659.	<b>Nonpriority creditor's name and mailing address</b> SCOTTS EQUIPMENT REPAIR 122 CHILDERS CIRCLE PIEDMONT SC 29673  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$470.05
3.660.	<b>Nonpriority creditor's name and mailing address</b> SEATING CONSULTANTS INC 323 PEIRCE STREET NE MINNEAPOLIS MN 55413  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.661.	<b>Nonpriority creditor's name and mailing address</b> SELF OPPORTUNITY INC PO BOX 292788 LEWISVILLE TX 75029  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,990.00
3.662.	<b>Nonpriority creditor's name and mailing address</b> SENECA LIGHT & WATER PLANT PO BOX 4773 SENECA SC 29679  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,631.97
3.663.	<b>Nonpriority creditor's name and mailing address</b> SERVICE PLUMBING PO BOX 2031 BLAIRSVILLE GA 30514  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,710.45

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.664.	<b>Nonpriority creditor's name and mailing address</b> SERVICES AND BEYOND 409 N GREEN STREET MORGANTON NC 28655  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,222.58
3.665.	<b>Nonpriority creditor's name and mailing address</b> SFA FIRE PROTECTION INC 4809 S MAIN ST SALISBURY NC 28147  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$391.90
3.666.	<b>Nonpriority creditor's name and mailing address</b> SHEALY ELECTRICAL WHOLESALERS 120 SAXE GOTH A ROAD WEST COLUMBIA SC 29172  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$127.08

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.667.	<b>Nonpriority creditor's name and mailing address</b> SHORE'S DOORS AND MOORE 60 MIDLOTHIAN DR SOUTHERN PINES NC 28387  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,275.00
3.668.	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA 28883 NETWORK PLACE CHICAGO IL 60673-1288  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,292.82
3.669.	<b>Nonpriority creditor's name and mailing address</b> SIB DEVELOPMENT & CONSULTING, INC PO BOX 100199 COLUMBIA SC 29202-3199  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,818.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.670.	<b>Nonpriority creditor's name and mailing address</b> SIB FIXED REDUCTION PO BOX 100199 COLUMBIA SC 29202-3199  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.671.	<b>Nonpriority creditor's name and mailing address</b> SIGN SYSTEMS, INC PO BOX 3767 HICKORY NC 28603  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,464.61
3.672.	<b>Nonpriority creditor's name and mailing address</b> SINCLAIR BROADCAST C/O WCYB PO BOX 206270 DALLAS TX 75320-6270  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,425.25

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.673.	<b>Nonpriority creditor's name and mailing address</b> SINCLAIR BROADCAST GROUP C/O WACH PO BOX 206270 DALLAS TX 75320-6270  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,092.00
3.674.	<b>Nonpriority creditor's name and mailing address</b> SISSON, TRYON TY SISSON 1279 WESTWIND CIR WESTLAKE VILLAGE CA 91361  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$124,750.00
3.675.	<b>Nonpriority creditor's name and mailing address</b> SKIPPER, JAMES E 528 JAMESTOWN AVE DARLINGTON SC 29532  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.676.	<b>Nonpriority creditor's name and mailing address</b> SMITH GLASS 64 BRACKETT'S WAY BLAIRSVILLE GA 30512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$75.00
3.677.	<b>Nonpriority creditor's name and mailing address</b> SMITH,GARY AND MARGARET 123 PECAN LN CAYCE SC 29033  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150,176.00
3.678.	<b>Nonpriority creditor's name and mailing address</b> SMOKY MOUNTAIN CENTER 1028 GEORGIA ROAD FRANKLIN NC 28734  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,375.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.679.	<b>Nonpriority creditor's name and mailing address</b> SNAGAJOB/PEOPLEMATTER 32978 COLLECTIONS CENTER DRIVE CHICAGO IL 60693-0329  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,172.60
3.680.	<b>Nonpriority creditor's name and mailing address</b> SOUTH CAROLINA DEPT REVENUE POST BOX 2535 COLUMBIA SC 29202-2535  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$209.84
3.681.	<b>Nonpriority creditor's name and mailing address</b> SOUTH CAROLINA ELECTRIC & GAS PO BOX 100255 COLUMBIA SC 29202-3255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$51,799.15



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.682.	<b>Nonpriority creditor's name and mailing address</b> SOUTHERN BAKING 419 THE PARKWAY PMB 115 GREER SC 29650  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23.88
3.683.	<b>Nonpriority creditor's name and mailing address</b> SOUTHERN FILTER SERVICES, INC PO BOX 44571 ATLANTA GA 30336  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,152.00
3.684.	<b>Nonpriority creditor's name and mailing address</b> SOUTHERN LIGHTING SERVICES PO BOX 7599 OCEAN ISLE BEACH NC 28469-1599  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$554.33

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.685.	<b>Nonpriority creditor's name and mailing address</b> SPARTANBURG WATER SYSTEM PO BOX 251 200 COMMERCE STREET SPARTANBURG SC 29304  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,019.66
3.686.	<b>Nonpriority creditor's name and mailing address</b> SPECTANK 200 VICEROY ROAD, UNIT 15 VAUGHAN ON L4K 3N8 CANADA  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.687.	<b>Nonpriority creditor's name and mailing address</b> SPENDIFFERENCE SPENDIFFERENCE, LLC C/O MARYANNE ROSE, CEO 2000 CLAY STREET STE 300 DENVER CO 80211  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SETTLEMENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$115,605.50

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.688.	<b>Nonpriority creditor's name and mailing address</b> STAIN-PRO CARPET CLEANING 5417 FLEMINGTON RD ELLABELL GA 31308  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
3.689.	<b>Nonpriority creditor's name and mailing address</b> STANLEY STEEMER 3169 NATAL ST FAYETTEVILLE NC 28306  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$422.00
3.690.	<b>Nonpriority creditor's name and mailing address</b> STANLEY STEEMER OF COLUMBIA 710 B BUCKNER RD COLUMBIA SC 29203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$596.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.691.	<b>Nonpriority creditor's name and mailing address</b> STANLEY STEEMER OF TRI-CITIES 1171 SHIPP STREET SUITE A KINGSPORT TN 37660  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,244.33
3.692.	<b>Nonpriority creditor's name and mailing address</b> STAPLES BUSINESS ADVANTAGE DEPT ATL PO BOX 405386 ATLANTA GA 30384-5386  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,134.55
3.693.	<b>Nonpriority creditor's name and mailing address</b> STATE DISBURSEMENT UNIT PO BOX 5400 CAROL STREAM IL 60197-5400  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$87.16

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.694.	<b>Nonpriority creditor's name and mailing address</b> STATE DISBURSEMENT UNIT PO BOX 17396 BALTIMORE MD 21297  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6.18
3.695.	<b>Nonpriority creditor's name and mailing address</b> STEAM SOURCE 3049 SALEM INDUSTRIAL DRIVE WINSTON-SALEM NC 27127  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,292.00
3.696.	<b>Nonpriority creditor's name and mailing address</b> STEAMASTER 553 SOUTH BOUNDARY CAMDEN SC 29020  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,320.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.697.	<b>Nonpriority creditor's name and mailing address</b> STEVENS & STEVENS BRM, INC PO BOX 388 PINELLAS PARK FL 33780-0388  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$119.85
3.698.	<b>Nonpriority creditor's name and mailing address</b> STORAGE 24/7 338 SUMTER HWY CAMDEN SC 29020  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$48.00
3.699.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90,469.10

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.700.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$91,088.29
3.701.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$88,006.22
3.702.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$79,178.66

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.703.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$94,681.21
3.704.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97,751.95
3.705.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$91,033.58



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.706.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$84,482.66
3.707.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$61,312.52
3.708.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$74,042.12

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.709.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$94,397.62
3.710.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$92,112.98
3.711.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$74,643.92

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.712.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$86,933.05
3.713.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING I LLC MICHAEL T BENNETT 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$78,372.50
3.714.	<b>Nonpriority creditor's name and mailing address</b> STORE MASTER FUNDING V LLC 8501 E. PRINCESS DR STE 190 SCOTTSDALE AZ 85255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$64,277.60

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.715.	<b>Nonpriority creditor's name and mailing address</b> SUMMIT MEDIA DEPT #2409 PO BOX 11407 BIRMINGHAM AL 35246-2409  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23,375.00
3.716.	<b>Nonpriority creditor's name and mailing address</b> SURE TEMP REFRIGERATION LLC 4912 AUGUSTA RD SAVANNAH GA 31408  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$562.50
3.717.	<b>Nonpriority creditor's name and mailing address</b> SUSO3 HOLDING 32738 COLLECTION CENTER DR CHICAGO IL 60693-0327  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$51,568.72

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.718.	<b>Nonpriority creditor's name and mailing address</b> SWAFFORD PLUMBING LLC 133B W FREEMAN RD WESTMINSTER SC 29693  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$135.00
3.719.	<b>Nonpriority creditor's name and mailing address</b> T ALLEN ELECTRIC, INC 1466 UPPER BETHANY ROAD BALL GROUND GA 30107  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$397.00
3.720.	<b>Nonpriority creditor's name and mailing address</b> T.P. HOWARD'S PLUMBING CO., INC 90 NUMBER NINE ROAD FAIRVIEW NC 28730  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$273.92

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.721.	<b>Nonpriority creditor's name and mailing address</b> TAYLOR, JOHN M 1986 OLD BALSAM RD WAYNESVILLE NC 28786  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WORKERS COMPENSATION CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.722.	<b>Nonpriority creditor's name and mailing address</b> TAYLORS MINI WAREHOUSE 221 W MAIN ST TAYLORS SC 29687  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,545.00
3.723.	<b>Nonpriority creditor's name and mailing address</b> TECH-TRONICS MICRAWAVE REPAIR 220 A THREE BROTHERS DRIVE SHELBY NC 28152  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,530.39

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>3.724.</b>	<b>Nonpriority creditor's name and mailing address</b> TED NICHOLS 413 BRIGHTON WOODS DRIVE MOORE SC 29369  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> OP PAYOUT BALANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,286.00
<b>3.725.</b>	<b>Nonpriority creditor's name and mailing address</b> TENNESSEE CHILD SUPPORT P.O. BOX 305200 NASHVILLE TN 37229  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$188.52
<b>3.726.</b>	<b>Nonpriority creditor's name and mailing address</b> THE BARS PROGRAM 7112 WEST JEFFERSON AVE LAKEWOOD CO 80235  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$105.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.727.	<b>Nonpriority creditor's name and mailing address</b> THE BOELTER COMPANIES PO BOX 8741 CAROL STREAM IL 60197-8741  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$76.08
3.728.	<b>Nonpriority creditor's name and mailing address</b> THE JOURNAL 601 PENNSYLVANIA AVE NW STE 900 WASHINGTON DC 20004-3615  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$175.00
3.729.	<b>Nonpriority creditor's name and mailing address</b> THE KNOT 11106 MOCKINGBIRD DRIVE OMAHA NE 68137  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$735.00



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.730.	<b>Nonpriority creditor's name and mailing address</b> THE PLUMBING EXPERTS 3307B NEW EASLEY HIGHWAY GREENVILLE SC 29611  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$407.00
3.731.	<b>Nonpriority creditor's name and mailing address</b> THE SEALS 1914 J.N PEASE PLACE CHARLOTTE NC 28262  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,382.31
3.732.	<b>Nonpriority creditor's name and mailing address</b> THE SEAT DOCTOR 110 HERNDON SPRINGS GROVER NC 28073  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,735.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.733.	<b>Nonpriority creditor's name and mailing address</b> THE SHERWIN-WILLIAMS CO 234 E BLACKSTOCK RD SPARTANBURG SC 29301-2607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,266.85
3.734.	<b>Nonpriority creditor's name and mailing address</b> THE STATE MEDIA RAUCH MILLIKEN, INC. CORPORATE INVESTIGATOR P.O. BOX 8390 METARIE LA 70011  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.735.	<b>Nonpriority creditor's name and mailing address</b> THE STATE NEWSPAPER PO BOX 51878 LIVONIA MI 48151  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,123.63

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.736.	<b>Nonpriority creditor's name and mailing address</b> THE VANS STEENNIS FAMILY TRUST PETER VAN STEENIS 202 KALKAR DR SANTA CRUZ CA 95060  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$65,395.01
3.737.	<b>Nonpriority creditor's name and mailing address</b> THE WASSERSTROM COMPANY 477 SOUTH FRONT ST COLUMBUS OH 43215  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,098.00
3.738.	<b>Nonpriority creditor's name and mailing address</b> THE WATER COMMISSION PO BOX 368 GREENEVILLE TN 37744  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,595.81

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.739.	<b>Nonpriority creditor's name and mailing address</b> THOMAS & COMPANY PO BOX 645555 CINCINNATI OH 45264-5555  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,400.00
3.740.	<b>Nonpriority creditor's name and mailing address</b> THOMAS & THORNGREN PO BOX 280100 NASHVILLE TN 37228  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,800.00
3.741.	<b>Nonpriority creditor's name and mailing address</b> THOMPSON ELECTRICAL SERVICE 295 EASTERN STAR ROAD KINGSPORT TN 37663  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$608.46

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.742.	<b>Nonpriority creditor's name and mailing address</b> THRIFT BROTHERS TUCK HYDRICK PO BOX 1293 SENECA SC 29679  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$89,750.00
3.743.	<b>Nonpriority creditor's name and mailing address</b> THRIFT BROTHERS, INC. TRUST BROTHER P.O. BOX 1293 SENECA SC 29579  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.744.	<b>Nonpriority creditor's name and mailing address</b> TIDEWATER LANDSCAPE MANAGEMENT PO BOX 7571 GARDEN CITY GA 31418  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,464.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.745. <b>Nonpriority creditor's name and mailing address</b> TIDWELL, GWENDOLIN 200 SPARGER RD BRISTOL TN 37620	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> GENERAL LIABILITY CLAIM	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.746. <b>Nonpriority creditor's name and mailing address</b> TIME WARNER CABLE PO BOX 70872 CHARLOTTE NC 28272-0872	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$1,469.22
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.747. <b>Nonpriority creditor's name and mailing address</b> TIMER WARNER CABLE BOX 223085 PITTSBURGH PA 15251-2085	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$274.93
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.748.	<b>Nonpriority creditor's name and mailing address</b> TIMES AND DEMOCRAT PO DRAWER 1766 ORANGEBURG SC 29115  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$277.89
3.749.	<b>Nonpriority creditor's name and mailing address</b> TONYA SWARTHOUT 446 OLD HICKORY CIRCLE MT CARMEL TN 37645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$118.35
3.750.	<b>Nonpriority creditor's name and mailing address</b> TONY'S PLUMBING & GAS PIPING 120 OLETA RD HENDERSONVILLE NC 28792  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$331.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

<b>3.751.</b>	<b>Nonpriority creditor's name and mailing address</b> TONY'S PLUMBING REPAIRS & SERVICES 107 MEEKS RD BLAIRSVILLE GA 30512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,046.00
<b>3.752.</b>	<b>Nonpriority creditor's name and mailing address</b> TOPSHELF 1545 WESTERN AVE SUITE 210 KNOXVILLE TN 37921  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00
<b>3.753.</b>	<b>Nonpriority creditor's name and mailing address</b> TOSHIBA BUSINESS SOLUTIONS 9201 SOUTHERN PINE BLVD SUITE J CHARLOTTE NC 28273  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$68.00



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.754.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF CHERAW WATER WORKS PO BOX 219 CHERAW SC 29520  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,134.25
3.755.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF DUBLIN PO BOX 1066 DUBLIN VA 24084  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,156.09
3.756.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF FOREST CITY PO BOX 728 FOREST CITY NC 28043-0728  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,983.67

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.757.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF FRANKLIN PO BOX 1479 FRANKLIN NC 28744  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$583.81
3.758.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF LEXINGTON PO BOX 397 LEXINGTON SC 29071  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,874.61
3.759.	<b>Nonpriority creditor's name and mailing address</b> TRI STATE UPHOLSTERY 2966 NC HWY 69 HAYESVILLE NC 28904  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$480.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.760.	<b>Nonpriority creditor's name and mailing address</b> TRIANGLE SAFE & LOCK, INC. 1400 SUNSET BLVD WEST COLUMBIA SC 29169  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$412.25
3.761.	<b>Nonpriority creditor's name and mailing address</b> TRIPLE C LAWN CARE PO BOX 523 FRANKLIN NC 28744  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00
3.762.	<b>Nonpriority creditor's name and mailing address</b> TROUBLESHOOTER PO BOX 3416 WEST COLUMBIA SC 29171  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$57,936.05

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.763.	<b>Nonpriority creditor's name and mailing address</b> TRUVISTA PO BOX 189 CHESTER SC 29706-0189  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$481.87
3.764.	<b>Nonpriority creditor's name and mailing address</b> TWC SERVICES PO BOX 1612 DES MOINES IA 50306-1612  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,515.91
3.765.	<b>Nonpriority creditor's name and mailing address</b> ULRICH JACOB 2133 TWIN BRIDGE DR FLORENCE SC 29505  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$215.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.766.	<b>Nonpriority creditor's name and mailing address</b> UNICOI COUNTY CHAMBER OF COMMERCE PO BOX 713 ERWIN TN 37650  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$440.00
3.767.	<b>Nonpriority creditor's name and mailing address</b> UNIFIED GOVERNMENT OF ATHENS-CLARKE COUNTY PO BOX 117096 ATLANTA GA 30368-7096  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$38.69
3.768.	<b>Nonpriority creditor's name and mailing address</b> UNITED STATES TRAFFIC NETWORK, LLC PO BOX 639181 CINCINNATI OH 45263-9181  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,260.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.769.	<b>Nonpriority creditor's name and mailing address</b> UNITEDHEALTHCARE 22703 NETWORK PLACE CHICAGO IL 60673-1227  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,079.54
3.770.	<b>Nonpriority creditor's name and mailing address</b> UPSTATE EVENT SERVICES 1225 PENDLETON ST SUITE 6 GREENVILLE SC 29611  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$629.33
3.771.	<b>Nonpriority creditor's name and mailing address</b> UPWARD STAR CENTER 9768 WARREN H ABERNATHY HWY SPARTANBURG SC 29301  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,500.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.772. <b>Nonpriority creditor's name and mailing address</b> URQUHART PLUMBING, INC PO BOX 12063 FLORENCE SC 29504	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$1,292.00
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.773. <b>Nonpriority creditor's name and mailing address</b> US DEPARTMENT OF EDUCATION NATIONAL PAYMENT CENTER PO BOX 105081 ATLANTA GA 30348-5081	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$17.02
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.774. <b>Nonpriority creditor's name and mailing address</b> UTILITY AUDIT SOLUTIONS, LLC 405 GRAY FOX SQUARE TAYLORS SC 29687-4074	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$112.60
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TRADE PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.775.	<b>Nonpriority creditor's name and mailing address</b> VALASSIS DIGITAL MAXPOINT INTERACTIVE, INC PO BOX 360668 PITTSBURGH PA 15251-6668  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$138,735.31
3.776.	<b>Nonpriority creditor's name and mailing address</b> VALLEY RENTALS 1401 MORGANTON BLVD LENIR NC 28645  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$683.22
3.777.	<b>Nonpriority creditor's name and mailing address</b> VAN STEENIS FAMILY TRUST PETER VAN STEENIS 202 KALKAR DR SANTA CRUZ CA 95060  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.778.	<b>Nonpriority creditor's name and mailing address</b> VANDELAY JIM MCLEAN 3578 ST MATTHEWS RD NE ORANGEBURG SC 29118  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$70,116.55
3.779.	<b>Nonpriority creditor's name and mailing address</b> VAN'S ELECTRIC, INC 123 WEST PALMER STREET SUITE 1 FRANKLIN NC 28734  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$693.88
3.780.	<b>Nonpriority creditor's name and mailing address</b> VELOSIO 5747 PERIMETER DR SUITE 200 DUBLIN OH 43017  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,873.30

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.781.	<b>Nonpriority creditor's name and mailing address</b> VERIZON PO BOX 660108 DALLAS TX 75266-0108  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$405.20
3.782.	<b>Nonpriority creditor's name and mailing address</b> VICTOR DURAN LAWN SERVICE 302 MOUNTAIN VIEW DR SENECA SC 29678  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$660.00
3.783.	<b>Nonpriority creditor's name and mailing address</b> VIKING FIRE PROTECTION, INC PO BOX 527 HIGH POINT NC 27261  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$660.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.784.	<b>Nonpriority creditor's name and mailing address</b> W.A. RHYMER ELECTRIC 600 BRIDLEMAN RD BRISTOL TN 37620  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$446.54
3.785.	<b>Nonpriority creditor's name and mailing address</b> WALDROP HEATING & AIR CONDITIO PO BOX 369 REIDVILLE SC 29375  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,953.31
3.786.	<b>Nonpriority creditor's name and mailing address</b> WALKUP ELECTRICAL CONSTRUCTION, LLC 3233 SOUTH CASHUA DR FLORENCE SC 29501  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,801.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.787.	<b>Nonpriority creditor's name and mailing address</b> WALT'S LOCK & KEY INC 3623 MAIDEN HWY LINCOLNTON NC 28092  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$491.05
3.788.	<b>Nonpriority creditor's name and mailing address</b> WARNER ROBINS CHAMBER OF COMMERCE 1228 WATSON BLVD WARNER ROBINS GA 31093  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$193.75
3.789.	<b>Nonpriority creditor's name and mailing address</b> WARNER ROBINS WESTGATE LLC JACK JAMISON 550 SOUTH MAIN ST STE 300 GREENVILLE SC 29601  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$160,081.93

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.790.	<b>Nonpriority creditor's name and mailing address</b> WARNER, FRANCES 200 JACKSON RUN MORGANTON NC 28655  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GENERAL LIABILITY CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.791.	<b>Nonpriority creditor's name and mailing address</b> WATTS & ASSOCIATES PO BOX 21273 COLUMBIA SC 29221  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$660.22
3.792.	<b>Nonpriority creditor's name and mailing address</b> WE CARE HEATING & AIR 924 S HOUSTON LAKE RD WARNER ROBINS GA 31088  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$178.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.793.	<b>Nonpriority creditor's name and mailing address</b> WHALEY FOODSERVICE REPAIRS PO BOX 615 LEXINGTON SC 29071  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$540.33
3.794.	<b>Nonpriority creditor's name and mailing address</b> WHITE HARBOUR PLUMBING INC 23306 WHITE HARBOUR ROAD SENECA SC 29672  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$117.56
3.795.	<b>Nonpriority creditor's name and mailing address</b> WILKERSON PLUMBING, LLC 214 MIDWAY TERRACE GARRNEY SC 29341  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$195.15

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.796.	<b>Nonpriority creditor's name and mailing address</b> WILLIAMSON SVU LLC 6 GLENDA LANE GREENVILLE SC 29607  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,912.50
3.797.	<b>Nonpriority creditor's name and mailing address</b> WINDS CROSSING BOB CHRISTL 7711 BRIARDENN DR SUMMERFIELD NC 27358  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.798.	<b>Nonpriority creditor's name and mailing address</b> WINDS CROSSING BOB CHRISTL 7711 BRIARDENN DR SUMMERFIELD NC 27358  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LANDLORD CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97,300.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.799.	<b>Nonpriority creditor's name and mailing address</b> WINDSTREAM PO BOX 9001908 LOUISVILLE KY 40290-1908  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,548.21
3.800.	<b>Nonpriority creditor's name and mailing address</b> WJHL 33096 COLECTION CENTER DRIVE CHICAGO IL 60693  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,367.00
3.801.	<b>Nonpriority creditor's name and mailing address</b> WLON/AM 1050 RADIO 3312 W PETERSON AVE CHICAGO IL 60659  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.00



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.802.	<b>Nonpriority creditor's name and mailing address</b> WOLO 5807 SHKESPEARE RD COLUMBIA SC 29223  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,802.50
3.803.	<b>Nonpriority creditor's name and mailing address</b> WOODS PLUMBING PO BOX 502 PATTERSON NC 28661  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$709.54
3.804.	<b>Nonpriority creditor's name and mailing address</b> WYYZ 1490AM & 102.7FM 268 HOOD RD JASPER GA 30143  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$816.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.805.	<b>Nonpriority creditor's name and mailing address</b> YAHNNIS COASTAL 1864 HUSTED RD CONWAY SC 29526  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41.94
3.806.	<b>Nonpriority creditor's name and mailing address</b> YELP INC PO BOX 204393 DALLAS TX 75320-4393  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,225.00
3.807.	<b>Nonpriority creditor's name and mailing address</b> YORK COUNTY CHAMBER PO BOX 590 ROCK HILL SC 29731  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$398.00

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

3.808.	<b>Nonpriority creditor's name and mailing address</b> YORK COUNTY NATURAL GAS PO BOX 11907 ROCK HILL SC 29731-1907  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,869.56
3.809.	<b>Nonpriority creditor's name and mailing address</b> ZEROREZ 450 DEANNA LANE, STE C CHARLESTON SC 29492-8526  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$396.55
3.810.	<b>Nonpriority creditor's name and mailing address</b> ZORN CONSULTING LLC 325 BANNING ST COPE SC 29038  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$95.00

Debtor **CAFE ENTERPRISES, INC.**Case number (if known) **18-05838****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
AIKENS & DAVENPORT, PC DANIEL J. DAVENPORT P.O. BOX 923 BLAIRSVILLE GA 30514	Part 2 line 3.539	
BROWN, MASSEY, EVANS, MCLEOD & HAYNSWORTH, LLC KNOX L. HAYNSWORTH, III P.O. BOX 2464 GREENVILLE SC 29602	Part 2 line 3.399	
BRUCE DRESSLER DANIEL K FELKER ESQ HUCKS AND FELKER PA 9610 TWO NOTCH RD STE 5 COLUMBIA SC 29223	Part 2 line 3.266	
BUIST, BYARS, TAYLOR, LLC G. HAMLIN O'KELLEY 652 COLEMAN BLVD., STE 200 MOUNT PLEASANT SC 29464	Part 2 line 3.504	
BUIST, BYARS, TAYLOR, LLC G. HAMLIN O'KELLEY 652 COLEMAN BLVD., STE 200 MOUNT PLEASANT SC 29464	Part 2 line 3.466	
CAROLINA CHILD CARE PROPERTIES RANDY DAVIS 887 JOHNNIE DODDS BLVD MT. PLEASANT SC 29464	Part 2 line 3.125	
CAROLINA CHILD CARE PROPERTIES RANDY DAVIS 887 JOHNNIE DODDS BLVD MT. PLEASANT SC 29464	Part 2 line 3.124	
CAROLINA CHILDCARE PROPERTIES LLC DENNIS E DREW 1630 AZTEC LANE MT PLEASANT SC 29466-8863	Part 2 line 3.125	
CARRUTHERS & ROTH, PA J. PATRICK HAYWOOD RACHEL SCOTT DECKER P.O. BOX 540 GREENSBORO NC 27402	Part 2 line 3.797	
CITY OF ROCKINGHAM SHANNON PANKEY 514 ROCKINGHAM ROAD ROCKINGHAM NC 28379	Part 2 line 3.190	
CRAIG LAW FIRM, PLLC SAM B. CRAIG P.O. BOX 1861 ASHEVILLE NC 28802-1861	Part 2 line 3.538	

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

DEANE, EILLIAMS & DEANNE  
KELLY G. WILLIAMS  
P.O. BOX 1416  
ROCKINGHAM NC 28380

Part 2 line 3.343

DERRICK RITTER WILLIAMS & MORRIS, PA  
ANDREW K. HOLLIDAY  
P.O. BOX 795  
SENECA SC 29679

Part 2 line 3.743

EVANS & SHELLEY, PA  
WESLEY R SHELLEY  
P.O. DRAWER 1330  
MARION NC 28752

Part 2 line 3.477

FISHBOWL INC  
DOUGLAS POPPEN  
PO BOX 740513  
ATLANTA GA 30374-0513

Part 2 line 3.315

GRAYBILL, LANSCH & VINZANI, LLC  
JAKE BARKER AND BRETT D. BUDLONG  
225 SEVEN FARMS DR., STE 207  
CHARLESTON SC 29496

Part 2 line 3.368

HAMILTON CHASE CITADEL LLC  
JUSTIN DEAN  
PO BOX 468  
SOLVANG CA 93464

Part 2 line 3.368

HAMILTON CHASECITADEL LLC  
JUSTIN DEAN  
PO BOX 468  
SOLVANG CA 93464

Part 2 line 3.367

INFINITY MARKETING SOLUTIONS INC  
TONY WILLIAMS  
874 S PLEASNTBURG DR  
STE A  
GREENVILLE SC 29607

Part 2 line 3.399

KOURY CORP  
ALEX MUNOZ  
2275 VANSTORY ST  
STE 200  
GREENSBORO NC 27403

Part 2 line 3.444

KOURY CORP  
ALEX MUNOZ  
2275 VANSTORY ST  
STE 200  
GREENSBORO NC 27403

Part 2 line 3.442

KOURY CORP  
ALEX MUNOZ  
2275 VANSTORY ST  
STE 200  
GREENSBORO NC 27403

Part 2 line 3.442

KOURY CORPORATION  
DOUGLAS M HEBERLE  
2275 VANSTORY ST STE 200  
GREENSBORO NC 27407

Part 2 line 3.444

KOURY CORPORATION  
DOUGLAS M HEBERLE  
2275 VANSTORY ST STE 200  
GREENSBORO NC 27407

Part 2 line 3.442

MATTHEW W. PADGETT  
7013 EVANS TOWN CENTER BLVD., STE. 502  
EVANS GA 30809

Part 2 line 3.541

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

MCGRADY-PERDUE HEATING AND COOLING INC Part 2 line 3.478  
CAROLYN PERDUE  
690 N FRANKLIN ST  
CHRISTIANSBURG VA 24073

MELIAH BOWERS JEFFERSON Part 2 line 3.777  
GREGORY J. ENGLISH  
P.O. BOX 728  
GREENVILLE SC 29602-0728

MELIAH BOWERS JEFFERSON Part 2 line 3.736  
GREGORY J. ENGLISH  
P.O. BOX 728  
GREENVILLE SC 29602-0728

MELIAH BOWERS JEFFERSON Part 2 line 3.736  
GREGORY J. ENGLISH  
P.O. BOX 728  
GREENVILLE SC 29602-0728

MILESTONE PARTNERS III LP Part 2 line 3.74  
555 EAST LANCASTER AVE  
STE 500  
RADNOR PA 19087

MILESTONE PARTNERS III LP 2 Part 2 line 3.74  
555 EAST LANCASTER AVE  
STE 500  
RADNOR PA 19087

MOORE & VAN ALLEN PLLC Part 2 line 3.74  
DAVID B WHEELER;REID E DYER  
78 WENTWORTH ST  
POST OFFICE BOX 22828  
CHARLESTON SC 29413-2828

MOORE & VAN ALLEN PLLC Part 2 line 3.533  
DAVID B WHEELER;REID E DYER  
78 WENTWORTH ST  
POST OFFICE BOX 22828  
CHARLESTON SC 29413-2828

MOORE & VAN ALLEN PLLC Part 2 line 3.534  
DAVID B WHEELER;REID E DYER  
78 WENTWORTH ST  
POST OFFICE BOX 22828  
CHARLESTON SC 29413-2828

MOORE & VAN ALLEN PLLC Part 2 line 3.535  
DAVID B WHEELER;REID E DYER  
78 WENTWORTH ST  
POST OFFICE BOX 22828  
CHARLESTON SC 29413-2828

MOORE & VAN ALLEN PLLC Part 2 line 3.536  
DAVID B WHEELER;REID E DYER  
78 WENTWORTH ST  
POST OFFICE BOX 22828  
CHARLESTON SC 29413-2828

MOORE & VAN ALLEN PLLC Part 2 line 3.537  
DAVID B WHEELER;REID E DYER  
78 WENTWORTH ST  
POST OFFICE BOX 22828  
CHARLESTON SC 29413-2828

MRB LLC Part 2 line 3.504  
VALEEN BROWN  
PO BOX 161413  
BOILING SPRINGS SC 29316

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

MRB LLC  
VALEEN BROWN  
PO BOX 161413  
BOILING SPRINGS SC 29316

Part 2 line 3.502

NCR CORP  
PO BOX 198755  
ATLANTA GA 30384-8755

Part 2 line 3.513

OLD MILL STREAM LLC  
PO BOX 24169  
GREENVILLE SC 29616

Part 2 line 3.538

OLD MILL STREAM LLC  
PO BOX 24169  
GREENVILLE SC 29616

Part 2 line 3.539

OLD MILL STREAM LLC  
PO BOX 24169  
GREENVILLE SC 29616

Part 2 line 3.540

OLD MILL STREAM LLC  
PO BOX 24169  
GREENVILLE SC 29616

Part 2 line 3.541

OLD MILL STREAM LLC  
PO BOX 24169  
GREENVILLE SC 29616

Part 2 line 3.542

OLD MILL STREAM LLC  
PO BOX 24169  
GREENVILLE SC 29616

Part 2 line 3.532

OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302

Part 2 line 3.538

OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302

Part 2 line 3.539

OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302

Part 2 line 3.540

OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302

Part 2 line 3.541

OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302

Part 2 line 3.542

PHIL D. DONNAN  
4 ARBORLAND WAY  
GREENVILLE SC 29615

Part 2 line 3.629

PLAYER MCLEAN, LLP  
LONNIE M. PLAYER, JR.  
P.O. BOX 88095  
FAYETTEVILLE NC 28304

Part 2 line 3.436

PP GASTON MALL  
CHARLIE PEARSON  
1422 BURTONWOOD DR  
STE 200  
GASTONIA NC 28054

Part 2 line 3.576

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

PP GASTON MALL  
CHARLIE PEARSON  
1422 BURTONWOOD DR  
STE 200  
GASTONIA NC 28054

Part 2 line 3.574

PP-GASTON MALL, LLC  
PP GASTON MALL  
CHARLIE PEARSON  
1422 BURTONWOOD DR  
STE 200  
GASTONIA NC 28054

Part 2 line 3.574

RESTAURANT TECHNOLOGIES INC  
DEREK ZSCHOKKE  
12962 COLLECTIONS CTR DR  
CHICAGO IL 60693

Part 2 line 3.622

SMITH & HASKELL LAW FIRM RIVERS T. JENKINS,  
III  
WILLIAM MCBEE SMITH PAUL F. TECKLENBURG  
218 E. HENRY ST.  
SPARTANBURG SC 29306

Part 2 line 3.125

SMITH & HASKELL LAW FIRM RIVERS T. JENKINS,  
III  
WILLIAM MCBEE SMITH PAUL F. TECKLENBURG  
P.O. BOX 20667  
CHARLESTON SC 29413

Part 2 line 3.125

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.699

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.700

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.701

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.702

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.703

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.704

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.705



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.706

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.707

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.708

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.709

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.710

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.711

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.712

STORE MASTER FUNDING I LLC  
LYENA HALE  
8501 E PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255

Part 2 line 3.713

STORE MASTER FUNDING V LLC  
LYENA HALE  
8377 E HARTFORD DRIVE STE 100  
SCOTTSDALE AZ 85255

Part 2 line 3.714

TAYLOR FOLEY, LLC  
DAVID GLENN TAYLOR, LLM  
171 CHURCH ST., STE. 330  
CHARLESTON SC 29401

Part 2 line 3.540

TAYLOR FOLEY, LLC  
DAVID GLENN TAYLOR, LLM  
171 CHURCH ST., STE. 330  
CHARLESTON SC 29401

Part 2 line 3.542

TAYLOR FOLEY, LLC  
DAVID GLENN TAYLOR, LLM  
171 CHURCH ST., STE. 330  
CHARLESTON SC 29401

Part 2 line 3.538

TAYLOR FOLEY, LLC  
DAVID GLENN TAYLOR, LLM  
171 CHURCH ST., STE. 330  
CHARLESTON SC 29401

Part 2 line 3.539

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

TAYLOR FOLEY, LLC  
DAVID GLENN TAYLOR, LLM  
171 CHURCH ST., STE. 330  
CHARLESTON SC 29401

Part 2 line 3.541

\_\_\_\_\_

THRIFT BROTHERS  
TIM HYDRICK  
PO BOX 1293  
SENECA SC 29679

Part 2 line 3.743

\_\_\_\_\_

THRIFT BROTHERS  
TIM HYDRICK  
PO BOX 1293  
SENECA SC 29679

Part 2 line 3.742

\_\_\_\_\_

THRIFT BROTHERS INC  
TIM HYDRICK  
1655 SANDIFIER BLVD  
SENECA SC 29678

Part 2 line 3.743

\_\_\_\_\_

TOWN OF GREENEVILLE  
CAROLYN C SUSONG, RECORDER  
200 N COLLEGE ST  
GREENEVILLE TN 37745

Part 1 line 2.193

\_\_\_\_\_

TOWN OF GREENEVILLE  
CAROLYN C SUSONG, RECORDER  
200 N COLLEGE ST  
GREENEVILLE TN 37745

Part 1 line 2.194

\_\_\_\_\_

TOWN OF GREENEVILLE  
CAROLYN C SUSONG, RECORDER  
200 N COLLEGE ST  
GREENEVILLE TN 37745

Part 1 line 2.195

\_\_\_\_\_

TOWN OF GREENEVILLE  
CAROLYN C SUSONG, RECORDER  
200 N COLLEGE ST  
GREENEVILLE TN 37745

Part 1 line 2.196

\_\_\_\_\_

TOWN OF GREENEVILLE  
CAROLYN C SUSONG, RECORDER  
200 N COLLEGE ST  
GREENEVILLE TN 37745

Part 1 line 2.197

\_\_\_\_\_

WINDS CROSSING  
VINAY GUDENA  
7711 BRIARDENN DR  
SUMMERFIELD NC 27358

Part 2 line 3.798

\_\_\_\_\_

WINDS CROSSING FC LLC  
VINAY GUDENA  
7711 BRIARDENN DR  
SUMMERFIELD NC 27358

Part 2 line 3.797

\_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

			Total of claim amounts
<b>5a. Total claims from Part 1</b>	5a.		\$1,936,157.93
<b>5b. Total claims from Part 2</b>	5b.	+	\$28,525,502.60
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$30,461,660.53

**Fill in this information to identify the case:**

**Debtor name:** CAFE ENTERPRISES, INC.

**United States Bankruptcy Court for the:** District of South Carolina

**Case number (if known):** 18-05838

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	<p><b>Title of contract</b> SERVICES AGREEMENT</p> <p><b>State what the contract or lease is for</b> 401K ADMINISTRATION</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> N/A</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>ADP RETIREMENT SVC INC 4 BECKER FARM RD MS 579 ROSELAND NJ 07068</p>
2.2.	<p><b>Title of contract</b> EQUIPMENT LEASE</p> <p><b>State what the contract or lease is for</b> CO2 LEASE</p> <p><b>Nature of debtor's interest</b> LESSEE</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>AIRGAS NATIONAL WELDERS PO BOX 601985 CHARLOTTE NC 28260</p>
2.3.	<p><b>Title of contract</b> SERVICE AGREEMENT</p> <p><b>State what the contract or lease is for</b> MUSIC SERVICE</p> <p><b>Nature of debtor's interest</b> CONTRACT PARTY</p> <p><b>State the term remaining</b> 06/15/19</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>AMBIANCE RADIO 79 E DAILY DRIVE STE 263 CAMARILLO CA 93010</p>

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.4. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** UNIFORMS
- Nature of debtor's interest** CONTRACT PARTY ARAMARK UNIFORM SERVICES  
PO BOX 731676  
DALLAS TX 75373
- State the term remaining** 03/09/2020
- List the contract number of any government contract** \_\_\_\_\_
- 2.5. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** CONTRACT PARTY ATLANTA SERIES OF LOCKTON  
3280 PEACHTREE RD  
NE  
ATLANTA GA 30305
- State the term remaining** SERVICE AGREEMENT ONLY
- List the contract number of any government contract** \_\_\_\_\_
- 2.6. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0031, CONWAY, SC
- Nature of debtor's interest** LESSEE B AND T SAND COMPANY INC  
715 BARRIER LN  
LEXINGTON SC 29073
- State the term remaining** 12/31/2021
- List the contract number of any government contract** \_\_\_\_\_
- 2.7. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0018, LEXINGTON, SC
- Nature of debtor's interest** LESSEE BAILEY, GEORGE R. JR.  
125 JETT FOREST CT NW  
ATLANTA GA 30327
- State the term remaining** 03/31/2023
- List the contract number of any government contract** \_\_\_\_\_
- 2.8. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0048, AFTON RIDGE, NC
- Nature of debtor's interest** LESSEE BARNETT, BILL  
11908 DARLINGTON AVE  
PH 2  
LOS ANGELES CA 90049
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.9. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDE AUDIT FIRM
- Nature of debtor's interest** CONTRACT PARTY BDO USA, LLP  
PO BOX 642743  
PITTSBURGH PA 15264
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.10. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CINNAMON APPLES, FIRECRACKER STICKS, POT PIE FILING
- Nature of debtor's interest** CONTRACT PARTY BLUE MOUNTAIN BZ, INC  
1595 PEACHTREE PKWY  
CUMMING GA 30041
- State the term remaining** 12/2018
- List the contract number of any government contract** \_\_\_\_\_
- 2.11. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HEALTH INSURANCE
- Nature of debtor's interest** CONTRACT PARTY BOON INSURANCE AGENCY, INC.  
PO BOX 671227  
DALLAS TX 75267
- State the term remaining** 01/31/19
- List the contract number of any government contract** \_\_\_\_\_
- 2.12. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FULL SERVICE CATERING CONTRACT
- Nature of debtor's interest** CONTRACT PARTY BOY SCOUTS OF AMERICA  
PO BOX 1059  
GASTONIA NC 28053
- State the term remaining** N/A
- List the contract number of any government contract** \_\_\_\_\_
- 2.13. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OIL
- Nature of debtor's interest** CONTRACT PARTY BUNGE  
50 MAIN ST  
WHITE PLAINS NY 10606
- State the term remaining** 12/31/2018
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.14. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - FIRST LIEN DEBT
- Nature of debtor's interest** BORROWER CAFE HOLDINGS CORP  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.15. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - SECOND LIEN DEBT
- Nature of debtor's interest** BORROWER CAFE HOLDINGS CORP  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.16. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - MEZZANINE DEBT
- Nature of debtor's interest** BORROWER CAFE HOLDINGS CORP  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.17. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0008, SOUTHPORT, SC
- Nature of debtor's interest** LESSEE CAROLINA CHILD CARE  
PROPERTIES  
RANDY DAVIS  
887 JOHNNIE DODDS BLVD  
STE 208  
MT. PLEASANT SC 29464
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.18. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0034, ELIZABETHTON, TN
- Nature of debtor's interest** LESSEE CDG REAL ESTATE TENNESSEE  
LLC  
GUO CHENG  
9763 SCOTCH PINE DR  
SPRINGBORO OH 45066
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.19. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - FIRST LIEN DEBT
- Nature of debtor's interest** BORROWER CE SPORTZ LLC  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.20. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - SECOND LIEN DEBT
- Nature of debtor's interest** BORROWER CE SPORTZ LLC  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.21. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - MEZZANINE DEBT
- Nature of debtor's interest** BORROWER CE SPORTZ LLC  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.22. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - FIRST LIEN DEBT
- Nature of debtor's interest** BORROWER CES GASTONIA LLC  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.23. **Title of contract** GUARANTEE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE AGREEMENT - SECOND LIEN DEBT
- Nature of debtor's interest** BORROWER CES GASTONIA LLC  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.24. **Title of contract** GUARANTEE
- State what the contract or lease is for** GUARANTEE AGREEMENT - MEZZANINE DEBT
- Nature of debtor's interest** BORROWER
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CES GASTONIA LLC  
ATTN ERIC EASTON  
4324 WADE HAMPTON BLVD  
STE B  
TAYLORS SC 29687
- 2.25. **Title of contract** \_\_\_\_\_
- State what the contract or lease is for** RESTAURANT OPERATING PARTNER BONUS CONTRACT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 07/03/2018
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CHARLES REDMON  
141 MISSED OAK DR  
FOREST CITY NC 28043
- 2.26. **Title of contract** EQUIPMENT LEASE
- State what the contract or lease is for** EQUIPMENT/COPIER LEASE
- Nature of debtor's interest** LESSEE
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CIT  
21146 NETWORK PLACE  
CHICAGO IL 60673
- 2.27. **Title of contract** SERVICE AGREEMENT
- State what the contract or lease is for** CLEMSON SPONSORSHIP
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 2020
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CLEMSON TIGER SPORTS  
PROPERTIES  
PO BOX 843256  
KANSAS CITY MO 64120
- 2.28. **Title of contract** SERVICE AGREEMENT
- State what the contract or lease is for** PCI
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CONTROL SCAN  
11475 GREAT OAKS WAY  
SUITE 300  
ALPHARETTA GA 30022

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.29. **Title of contract** PRICING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BEVERAGE
- Nature of debtor's interest** CONTRACT PARTY DEMETRI'S GOURMET MIXES  
8230 5TH AVE. S  
SUITE A  
SEATTLE WA 98108
- State the term remaining** PRICING AGREEMENT
- List the contract number of any government contract** \_\_\_\_\_
- 2.30. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SUGAR PRODUCTS
- Nature of debtor's interest** CONTRACT PARTY DOMINO FOODS, INC  
99 WOODS AVE S  
SUITE 901  
ISELIN NJ 08830
- State the term remaining** 06/30/2018
- List the contract number of any government contract** \_\_\_\_\_
- 2.31. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOOD DELIVERY
- Nature of debtor's interest** CONTRACT PARTY DOORDASH  
901 MARKET STREET  
SUITE 600  
SAN FRANCISCO CA 94103
- State the term remaining** NA
- List the contract number of any government contract** \_\_\_\_\_
- 2.32. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BEVERAGE
- Nature of debtor's interest** CONTRACT PARTY DR PEPPER SNAPPLE GROUP  
5301 LEGACY DRIVE  
PLANO TX 75024
- State the term remaining** 12/31/2018
- List the contract number of any government contract** \_\_\_\_\_
- 2.33. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MARKETING MATERIAL FULLFILLMENT
- Nature of debtor's interest** CONTRACT PARTY DSI/DATA SOURCE INC  
1400 UNIVERSAL AVENUE  
KANSAS CITY MO 64120
- State the term remaining** 02/04/2021
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.34. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0011, HENDERSONVILLE, NC
- Nature of debtor's interest** LESSEE EAGLEWOOD PROPERTIES  
12222 MERIT DR  
STE 1750  
DALLAS TX 75251
- State the term remaining** 09/30/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.35. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0009, FOREST DRIVE, SC
- Nature of debtor's interest** LESSEE EAST FOREST PLAZA III LLC  
COLIERS KEENAN INC  
PO BOX 11610  
COLUMBIA SC 29211
- State the term remaining** 09/30/2020
- List the contract number of any government contract** \_\_\_\_\_
- 2.36. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SEAFOOD
- Nature of debtor's interest** CONTRACT PARTY EASTERN FISH COMPANY LLC  
300 FRANK W BURR BLVD  
SUITE 300  
TEANECK NJ 07666
- State the term remaining** 07/31/19
- List the contract number of any government contract** \_\_\_\_\_
- 2.37. **Title of contract** PRODUCT AND SERVICES SUPPLY AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DISH MACHINES LEASE
- Nature of debtor's interest** LESSEE ECOLAB  
PO BOX 32027  
NEW YORK NY 10087
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.38. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PEST ELIMINATION
- Nature of debtor's interest** CONTRACT PARTY ECOLAB  
26252 NETWORK PLACE  
CHICAGO IL 60673
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.39. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DISH MACHINE LEASES
- Nature of debtor's interest** CONTRACT PARTY **ECOLAB INC**
- State the term remaining** \_\_\_\_\_ **ECOLAB CENTER**
- List the contract number of any government contract** \_\_\_\_\_ **ST PAUL MN 55102**
- 2.40. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BACKGROUND AND DRUG TESTING
- Nature of debtor's interest** CONTRACT PARTY **EMPLOYMENT SCREENING SERVICE**
- State the term remaining** 12/15/2019 **2500 SOUTHLAKE PARK**
- List the contract number of any government contract** \_\_\_\_\_ **BIRMINGHAM AL 35244**
- 2.41. **Title of contract** PRICING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SHIPPING
- Nature of debtor's interest** CONTRACT PARTY **FEDEX**
- State the term remaining** \_\_\_\_\_ **PO BOX 371461**
- List the contract number of any government contract** \_\_\_\_\_ **PITTSBURGH PA 15250**
- 2.42. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** POSTAGE EQUIPMENT LEASE
- Nature of debtor's interest** LESSEE **FIRST CLASS MAILING SOLUTIONS**
- State the term remaining** \_\_\_\_\_ **PO BOX 55**
- List the contract number of any government contract** \_\_\_\_\_ **HICKORY NC 28603**
- 2.43. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PRODUCE
- Nature of debtor's interest** CONTRACT PARTY **FRESHPOINT**
- State the term remaining** 11/24/18 **1200 OAKLEY INDUSTRIAL BLVD**
- List the contract number of any government contract** \_\_\_\_\_ **STE B**
- \_\_\_\_\_ **FAIRBURN GA 30213**

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.44. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** POTATO/ONION
- Nature of debtor's interest** CONTRACT PARTY FRESHPOINT  
1200 OAKLEY INDUSTRIAL BLVD  
STE B  
FAIRBURN GA 30213
- State the term remaining** 08/31/19
- List the contract number of any government contract** \_\_\_\_\_
- 2.45. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SOUTH CAROLINA SPONSORSHIP
- Nature of debtor's interest** CONTRACT PARTY GAMECOCK SPORTS PROPERTIES  
PO BOX 16914  
KANSAS CITY MO 64184
- State the term remaining** 06/30/2017
- List the contract number of any government contract** \_\_\_\_\_
- 2.46. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PUBLIC RELATIONS
- Nature of debtor's interest** CONTRACT PARTY GATHALTER AND CO. LP  
733 THIRD AVE.  
16TH FLOOR  
NEW YORK NY 10017
- State the term remaining** FEE AGREEMENT
- List the contract number of any government contract** \_\_\_\_\_
- 2.47. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0047, POOLER, GA
- Nature of debtor's interest** LESSEE GEOFFREY S STUTCHMAN AND  
LEEHOANG  
LEA STUCHMAN  
16124 GREENWOOD LN  
MONTE SERENO CA 95030
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.48. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0032, MARION, NC
- Nature of debtor's interest** LESSEE GREAT MEADOWS LLC  
PO BOX 400  
SPRUCE PINE NC 28777
- State the term remaining** 10/31/2020
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.49. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PR/BENEFITS SOFTWARE
- Nature of debtor's interest** CONTRACT PARTY GREENSHADES SOFTWARE  
7020 AC SKINNER PKWY  
SUITE 100  
JACKSONVILLE FL 32256
- State the term remaining** 06/30/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.50. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HEALTH INSURANCE
- Nature of debtor's interest** CONTRACT PARTY GUARDIAN  
P.O. BOX 677458  
DALLAS TX 75267
- State the term remaining** 2/1/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.51. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0036, NORTH CHARLESTON, SC
- Nature of debtor's interest** LESSEE HAMILTON CHASE CITADEL LLC  
828 BALLARD CANYON RD  
SOLVANIA CA 93463
- State the term remaining** 12/31/2021
- List the contract number of any government contract** \_\_\_\_\_
- 2.52. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESTAURANT RECOVERY INSURANCE
- Nature of debtor's interest** CONTRACT PARTY HCC SPECIALITY  
37 RADIO CIRCLE DRIVE  
MOUNT KISCO NY 10549
- State the term remaining** 07/01/19
- List the contract number of any government contract** \_\_\_\_\_
- 2.53. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0019, FOREST CITY, NC
- Nature of debtor's interest** LESSEE HILLTOP WAY LLC  
BILL MATHIAS  
504 NORTHWOOD RD  
LEXINGTON SC 29072
- State the term remaining** 10/31/2024
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.54. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PORK
- Nature of debtor's interest** CONTRACT PARTY **HORMEL FOODS SALES, LLC**
- State the term remaining** 03/31/18 **1 HORMEL PLACE**
- List the contract number of any government contract** \_\_\_\_\_ **AUSTIN MN 55912**
- 2.55. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SEASONING
- Nature of debtor's interest** CONTRACT PARTY **HOUSE-AUTRY**
- State the term remaining** 07/31/2018 **PO BOX 460**
- List the contract number of any government contract** \_\_\_\_\_ **FOUR OAKS NC 27524**
- 2.56. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WHOLESALE GIFT CARD SALES (SAM'S CLUB & BJ'S)
- Nature of debtor's interest** CONTRACT PARTY **INCOMM**
- State the term remaining** 7/1/2019 **250 WILLIAMS ST**
- List the contract number of any government contract** \_\_\_\_\_ **5TH FLOOR**
- ATLANTA GA 30303**
- 2.57. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** CONTRACT PARTY **IPFS CORPORATION**
- State the term remaining** 07/01/2019 **LOCKTON**
- List the contract number of any government contract** \_\_\_\_\_ **900 ASHWOOD PARKWAY**
- ATLANTA GA 30338**
- 2.58. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FULL SERVICE CATERING CONTRACT
- Nature of debtor's interest** CONTRACT PARTY **ISOTHERMAL COMMUNITY**
- State the term remaining** N/A **COLLEGE**
- List the contract number of any government contract** \_\_\_\_\_ **THE FOUNDATION**
- PERFORMING ARTS&**
- CONFERENCE CENTER**
- PO BOX 804**
- SPINDALE NC 28160**

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.59. **Title of contract** PRICING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CORPORATE OFFICE CLEANING SERVICE
- Nature of debtor's interest** CONTRACT PARTY JANPRO OF THE WESTERN CAROLINA
- State the term remaining** \_\_\_\_\_ 128 MILESTONE WAY
- List the contract number of any government contract** \_\_\_\_\_ GREENVILLE SC 29615
- 2.60. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** KIDS MENU
- Nature of debtor's interest** CONTRACT PARTY JUST 4 FUN LLC
- State the term remaining** 12/31/2018 318 SANDY SPRINGS CIRCLE
- List the contract number of any government contract** \_\_\_\_\_ ATLANTA GA 30328
- 2.61. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SALAD DRESSING
- Nature of debtor's interest** CONTRACT PARTY KEN'S FOODS INC
- State the term remaining** 12/31/2018 PO BOX 849
- List the contract number of any government contract** \_\_\_\_\_ MARLBOROUGH MA 01752
- 2.62. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLEMSON SPONSORSHIP
- Nature of debtor's interest** CONTRACT PARTY KNOX SPORT
- State the term remaining** 6/30/2020 13063 WEST LINEBAUGH AVE
- List the contract number of any government contract** \_\_\_\_\_ TAMPA FL 33626
- 2.63. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0053, GREENSBORO #2, NC
- Nature of debtor's interest** LESSEE KOURY CORP
- State the term remaining** 8/1/2026 2275 VANSTORY ST
- List the contract number of any government contract** \_\_\_\_\_ STE 200
- GREENSBORO NC 27403



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.64. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0016, SHELBY, NC
- Nature of debtor's interest** LESSEE LIGON PROPERTIES LLC  
RICHARD LIGON  
5159 PELHAM RD  
GREENVILLE SC 29615
- State the term remaining** 04/22/2024
- List the contract number of any government contract** \_\_\_\_\_
- 2.65. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SENIOR MEAL PROGRAM
- Nature of debtor's interest** CONTRACT PARTY LINCOLNTON VOUCHER COUP  
514 S ACADEMY ST  
LINCOLNTON NC 28093
- State the term remaining** 06/30/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.66. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOOD BORNE ILLNESS LIABILITY / RESTAURANT RECOVERY
- Nature of debtor's interest** INSURED LLOYDS OF LONDON  
42 WEST 54TH ST  
14TH FLOOR  
NEW YORK NY 10019
- State the term remaining** 7/1/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.67. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FULL SERVICE CATERING CONTRACT
- Nature of debtor's interest** CONTRACT PARTY MAGNOLIA PLANNING CORPORATION  
3550 ASHLEY RIVER ROAD  
CHARLESTON SC 29414
- State the term remaining** 12/31/18
- List the contract number of any government contract** \_\_\_\_\_
- 2.68. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0001, WACCAMAW, SC
- Nature of debtor's interest** LESSEE MANIOS, JAMES ROGERS AND LOUIS  
340 NORTH MAIN ST  
GREENVILLE SC 29601
- State the term remaining** 07/31/2020
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.69. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CHECK SURVEYS AND GUEST FEEDBACK
- Nature of debtor's interest** CONTRACT PARTY MARKETFORCE  
PO BOX 270355  
LOUISVILLE CO 80023
- State the term remaining** 05/15/2020
- List the contract number of any government contract** \_\_\_\_\_
- 2.70. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BANK CONTRACT FOR PROVISION OF PAYROLL PROGRAMS
- Nature of debtor's interest** CONTRACT PARTY MONEY NETWORK  
FIRST DATA  
1 WESTERN MARYLAND PKWY  
HAGERSTOWN MD 21740
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.71. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0005, EASLEY, SC
- Nature of debtor's interest** LESSEE MRB LLC  
1249 S. PLEASANTBURG DR  
GREENVILLE SC 29605
- State the term remaining** 12/31/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.72. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0013, BOILING SPRINGS, SC
- Nature of debtor's interest** LESSEE MRB LLC  
1249 S. PLEASANTBURG DR  
GREENVILLE SC 29605
- State the term remaining** 03/01/2018; MONTH TOMONTH THEREAFTER
- List the contract number of any government contract** \_\_\_\_\_
- 2.73. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0045, JASPER, GA
- Nature of debtor's interest** LESSEE NARGUIZIAN, JOHN  
PAUL NARGUIZIAN  
13138 CHANDLER BLVD  
SHERMAN OAKS CA 91401
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.74. **Title of contract** LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** POINT OF SALE STORE EQUIPMENT
- Nature of debtor's interest** CONTRACT PARTY NCR CORPORATION  
PO BOX 198755  
ATLANTA GA 30384-8755
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.75. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CREDIT CARD PROCESSING AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY NCR CORPORATION  
PO BOX 198755  
ATLANTA GA 30384-8755
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.76. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** POS AND ONLINE ORDERING
- Nature of debtor's interest** CONTRACT PARTY NCR CORPORATION LOCAL - THE CAROLINA  
2142 EXECUTIVE HALL RD  
CHARLESTON SC 29407
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.77. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CATERING ORDER
- Nature of debtor's interest** CONTRACT PARTY NICOLE LOPEZ  
UNKNOWN
- State the term remaining** 05/04/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.78. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CO2 LEASE
- Nature of debtor's interest** LESSEE NUCO2 INC  
PO BOX 417902  
BOSTON MA 02241
- State the term remaining** 11/13/15
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.79. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0020, IRMO, SC
- Nature of debtor's interest** LESSEE OHLANDT PROPERTIES LLC  
197 RIVER RD  
BARNWELL SC 29812
- State the term remaining** 07/31/2030
- List the contract number of any government contract** \_\_\_\_\_
- 2.80. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0015, ASHEVILLE, NC
- Nature of debtor's interest** LESSEE OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302
- State the term remaining** 09/30/2030
- List the contract number of any government contract** \_\_\_\_\_
- 2.81. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0024, LINCOLNTON, NC
- Nature of debtor's interest** LESSEE OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302
- State the term remaining** 09/30/2030
- List the contract number of any government contract** \_\_\_\_\_
- 2.82. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0025, FLORENCE, SC
- Nature of debtor's interest** LESSEE OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302
- State the term remaining** 09/03/2030
- List the contract number of any government contract** \_\_\_\_\_
- 2.83. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0026, EVANS, GA
- Nature of debtor's interest** LESSEE OLD MILL STREAM LLC  
WILLIAM H BURTON III  
491 CONNECTICUT AVE  
SPARTANBURG SC 29302
- State the term remaining** 09/30/2030
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.84. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0042, BLAIRSVILLE, GA
- Nature of debtor's interest** LESSEE **OLD MILL STREAM LLC**
- State the term remaining** 09/30/2030 **WILLIAM H BURTON III**
- List the contract number of any government contract** \_\_\_\_\_ **491 CONNECTICUT AVE**
- \_\_\_\_\_ **SPARTANBURG SC 29302**
- 2.85. **Title of contract** FEE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RECRUITING AGENCY
- Nature of debtor's interest** CONTRACT PARTY **PATRICE AND ASSOCIATES**
- State the term remaining** \_\_\_\_\_ **10020 SOUTHERN MARYLAND BLVD**
- List the contract number of any government contract** \_\_\_\_\_ **STE 100**
- \_\_\_\_\_ **DUNKIRK MD 20754**
- 2.86. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** E CLUB MGMT
- Nature of debtor's interest** CONTRACT PARTY **PAYTRONIX**
- State the term remaining** 12/2020 **80 BRIDGE ST**
- List the contract number of any government contract** \_\_\_\_\_ **NEWTON MA 2458**
- \_\_\_\_\_
- 2.87. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PR/BENEFITS SOFTWARE
- Nature of debtor's interest** CONTRACT PARTY **PEOPLE MATTER**
- State the term remaining** 06/07/2019 **4851 LAKE BROOK DR**
- List the contract number of any government contract** \_\_\_\_\_ **GLEN ALLEN VA 23060**
- \_\_\_\_\_
- 2.88. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PEPSI/LIPTON TEA
- Nature of debtor's interest** CONTRACT PARTY **PEPSI**
- State the term remaining** 2019 **700 ANDERSON HILL RD**
- List the contract number of any government contract** \_\_\_\_\_ **PURCHASE NY 10577**
- \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- |       |                                                                                                                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                                      |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.89. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | REAL PROPERTY LEASE<br>LOCATION # 3002, TAVERN 24, GASTONIA, NC<br>LESSEE<br>11/01/2027<br>_____                    | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>PP GASTON MALL<br>JOE AND CHARLIE PEARSON<br>1422 BURTONWOOD DR<br>STE 200<br>GASTONIA NC 28054 |
| 2.90. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | REAL PROPERTY LEASE<br>LOCATION # 0052, JOHNSON CITY, TN<br>LESSEE<br>07/2021<br>_____                              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RCC SHOPPES AT WEST MARKET<br>NEW LINK MANAGEMENT GROUP<br>PO BOX 17710<br>RICHMOND VA 23226    |
| 2.91. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>OIL<br>CONTRACT PARTY<br>08/18/2020<br>_____                                                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RESTAURANT TECHNOLOGIES, INC<br>2250 PILOT KNOB ROAD<br>SUITE 100<br>MENDOTA HEIGHTS MN 55120   |
| 2.92. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>PARKERHOUSE ROLL DOUGH<br>CONTRACT PARTY<br>120 DAYS BEFORE DISCONITNATION OF PRODUCT<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RICH PRODUCTS CORPORATION<br>HEADQUARTERS<br>RICH'S<br>ONE ROBERT RICH WAY<br>BUFFALO NY 14240  |
| 2.93. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | REAL PROPERTY LEASE<br>LEASE FOR CORP OFFICE, TYLERS, SC<br>LESSEE<br>09/2019<br>_____                              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>RIVERVIEW OFFICE PARK<br>LEANN WEBER<br>PO BOX 616<br>TAYLORS SC 29687                          |

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.94. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- ROLL OFF SYSTEMS, INC  
C/O WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- 2.95. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- ROLL OFF SYSTEMS, INC  
C/O WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- 2.96. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TEA
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- S&D COFFEE  
PO BOX 1628  
CONCORD NC 28026
- 2.97. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- SC WASTE  
C/O WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- 2.98. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FRENCH FRIES/CHIPS
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 11/30/2018
- List the contract number of any government contract** \_\_\_\_\_
- SIMPLOT  
PO BOX 9168  
BOISE ID 83707

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- |        |                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                                                                                                   |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.99.  | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | REAL PROPERTY LEASE<br>LOCATION # 0023, GREENEVILLE, TN<br>LESSEE<br>09/30/2030<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SISSON, TRYON<br>TY SISSON<br>1279 WESTWIND CIR<br>WESTLAKE VILLAGE CA 91361 |
| 2.100. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | REAL PROPERTY LEASE<br>LOCATION # 0004, GAFFNEY, SC<br>LESSEE<br>01/31/2022<br>_____     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SMITH, GARY AND MARGARET<br>123 PECAN LN<br>CAYCE SC 29033                   |
| 2.101. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>APPLICANT TRACKING SYSTEM<br>CONTRACT PARTY<br>_____<br>_____       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SNAGAJOB<br>4851 LAKE BROOK DR<br>GLEN ALLEN VA 23060                        |
| 2.102. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>SC DOT SIGNS<br>CONTRACT PARTY<br>_____<br>_____                    | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>SOUTH CAROLINA LOGOS, INC<br>1221 ATLAS ROAD<br>COLUMBIA SC 29209            |
| 2.103. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | PRICING AGREEMENT<br>OFFICE SUPPLIES<br>CONTRACT PARTY<br>N/A<br>_____                   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>STAPLES<br>6600 EMBASSY ROW BLDG 600<br>SUITE 400<br>ATLANTA GA 30328        |



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.104. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0022, MORGANTON, NC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.105. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0027, ROCK HILL, SC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.106. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0028, BRISTOL, TN
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.107. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0029, WINDER, GA
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.108. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0030, ROCKINGHAM, NC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.109. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0033, AIKEN, SC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.110. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0035, ANDERSON, SC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.111. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0037, KINGSPORT, TN
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.112. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0038, CAMDEN, SC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.113. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0039, CLINTON, SC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.114. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0040, ATHENS, GA
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.115. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0043, DUBLIN, VA
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.116. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0046, CHERAW, SC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.117. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0049, FRANKLIN, NC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.118. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0050, LENOIR, NC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING I LLC  
MICHAEL T BENNETT  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.119. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0007, GREENWOOD, SC
- Nature of debtor's interest** LESSEE STORE MASTER FUNDING V LLC  
8501 E. PRINCESS DR  
STE 190  
SCOTTSDALE AZ 85255
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_
- 2.120. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** D&O, EMPLOYMENT PRACTICES, FIDUCIARY, AND CRIME LIABILITY
- Nature of debtor's interest** INSURED STRATFORD INSURANCE COMPANY  
300 KIMBALL DR  
STE 500  
PARSIPPANY NJ 07054
- State the term remaining** 2/28/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.121. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CROUTONS
- Nature of debtor's interest** CONTRACT PARTY SUGAR FOODS CORPORATION  
4930 AVOCET DR  
NORCROSS GA 30092
- State the term remaining** 12/31/2018
- List the contract number of any government contract** \_\_\_\_\_
- 2.122. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** CONTRACT PARTY SUN LIFE ASSURANCE COMPANY OF CANADA  
PO BOX 7247-7184  
PHILADELPHIA MA 19170
- State the term remaining** 01/31/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.123. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0012, GREER, SC
- Nature of debtor's interest** LESSEE SUSO3 HOLDING  
32738 COLLECTION CENTER DR  
CHICAGO IL 60693-0327
- State the term remaining** 10/22/2017
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.124. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DISTRIBUTION
- Nature of debtor's interest** CONTRACT PARTY SYSCO  
SYSCO COLUMBIA, LLC  
131 SYSCO COURT  
COLUMBIA SC 29290
- State the term remaining** 12/31/2020
- List the contract number of any government contract** \_\_\_\_\_
- 2.125. **Title of contract** WAREHOUSE STORAGE LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WAREHOUSE STORAGE LEASE
- Nature of debtor's interest** LESSEE TAYLORS MINI WAREHOUSE  
DIVERSIFIED INVESTMENTS  
221 W MAIN ST  
TAYLORS SC 29687
- State the term remaining** MONTH TO MONTH
- List the contract number of any government contract** \_\_\_\_\_
- 2.126. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT BREAKDOWN / BOILER AND MACHINERY
- Nature of debtor's interest** INSURED THE HARTFORD STEAM BOILER  
INSPECTION AND INSURANCE  
COMPANY  
ONE STATE ST  
PO BOX 5024  
HARTFORD CT 06102-5024
- State the term remaining** 7/1/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.127. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FULL SERVICE CATERING CONTRACT
- Nature of debtor's interest** CONTRACT PARTY THE KNOT  
11106 MOCKINGBIRD DRIVE  
OMAHA NE 68137
- State the term remaining** 12/21/18
- List the contract number of any government contract** \_\_\_\_\_
- 2.128. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0051, GREENSBORO #1, NC
- Nature of debtor's interest** LESSEE THE VANS STEENNIS FAMILY  
TRUST  
PETER VAN STEENIS  
202 KALKAR DR  
SANTA CRUZ CA 95060
- State the term remaining** 03/31/2034
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- |        |                                                                                                                                                                                                                   |                                                                                               |                                                                                                                                                                                                                     |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.129. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>RETENTION<br>CONTRACT PARTY<br>07/17/2019<br>_____                       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>THOMAS KELLY<br>4388 FULCHER RD<br>HEPZIBAH GA 30815                           |
| 2.130. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | REAL PROPERTY LEASE<br>LOCATION # 0010, SENECA, SC<br>LESSEE<br>09/30/2019<br>_____           | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>THRIFT BROTHERS<br>TUCK HYDRICK<br>PO BOX 1293<br>SENECA SC 29679              |
| 2.131. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>RETENTION<br>CONTRACT PARTY<br>08/20/2019<br>_____                       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>TODD MASSIE<br>UNKNOWN                                                         |
| 2.132. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | SERVICE AGREEMENT<br>OFFICE PRINTERS<br>CONTRACT PARTY<br>12/29/2021<br>_____                 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>TOSHIBA BUSINESS SOLUTIONS<br>201-C PELHAM DAVIS CIRCLE<br>GREENVILLE SC 29615 |
| 2.133. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | _____<br>RESTAURANT OPERATING PARTNER BONUS CONTRACT<br>CONTRACT PARTY<br>03/28/2021<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br>TRACY NESTER<br>5951 OLD GILES RD<br>DUBLIN VA 24084                           |

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.134. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HEALTH INSURANCE
- Nature of debtor's interest** CONTRACT PARTY UNITED HEALTHCARE  
22703 NETWORK PLACE  
CHICAGO IL 60673
- State the term remaining** 01/31/19
- List the contract number of any government contract** \_\_\_\_\_
- 2.135. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0014, ORANGEBURG, SC
- Nature of debtor's interest** LESSEE VANDELAY  
JIM MCLEAN  
3578 ST MATTHEWS RD NE  
ORANGEBURG SC 29118
- State the term remaining** 02/29/2020
- List the contract number of any government contract** \_\_\_\_\_
- 2.136. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FINANCIAL SOFTWARE
- Nature of debtor's interest** CONTRACT PARTY VELOSIO  
5747 PERMIETER RD  
SUITE 200  
DUBLIN OH 43017
- State the term remaining** 06/30/2019
- List the contract number of any government contract** \_\_\_\_\_
- 2.137. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VA DOT SIGNS
- Nature of debtor's interest** CONTRACT PARTY VIRGINIA LOGOS  
10001 PATTERSON AVE  
STE 201  
RICHMOND VA 23238
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.138. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOOD DELIVERY
- Nature of debtor's interest** CONTRACT PARTY WAITR  
1100 BERTRAND DR  
SUITE 2  
LAFAYETTE LA 70506
- State the term remaining** N/A
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.139. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0044, WARNER ROBINS, GA
- Nature of debtor's interest** LESSEE WARNER ROBINS WESTGATE LLC  
JACK JAMISON  
550 SOUTH MAIN ST  
STE 300  
GREENVILLE SC 29601
- State the term remaining** 10/31/2023
- List the contract number of any government contract** \_\_\_\_\_
- 2.140. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY WASTE CONNECTIONS OF THE  
CAROLINAS  
C/O WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.141. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY WASTE CONNECTIONS OF THE  
CAROLINAS  
C/O WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.142. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY WASTE CONNECTIONS OF THE  
CAROLINAS  
C/O WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.143. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY WASTE CONNECTIONS OF THE  
CAROLINAS  
C/O WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_



Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.144. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WASTE REMOVAL
- Nature of debtor's interest** CONTRACT PARTY WASTE REVELATION  
PO BOX 241  
VALAPRAISO IN 46384
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.145. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MARKETING
- Nature of debtor's interest** CONTRACT PARTY WEBFX  
1705 N FRONT ST  
HARRISBURG PA 17102
- State the term remaining** 02/17/19
- List the contract number of any government contract** \_\_\_\_\_
- 2.146. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MARKETING DIRECTOR
- Nature of debtor's interest** CONTRACT PARTY WINDI COOPER  
101 WATERLOO CIRCLE  
GREER SC 29650
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.147. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCATION # 0041, CAROWINDS, NC
- Nature of debtor's interest** LESSEE WINDS CROSSING  
BOB CHRISTL  
7711 BRIARDENN DR  
SUMMERFIELD NC 27358
- State the term remaining** 04/2025
- List the contract number of any government contract** \_\_\_\_\_
- 2.148. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CREDIT CARD PROCESSOR
- Nature of debtor's interest** CONTRACT PARTY WORLD PAY  
201 17TH STREET  
ATLANTA GA 30363
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

- 2.149. Title of contract SERVICE AGREEMENT
- State what the contract or lease is for TABLE TOP MEDIA
- Nature of debtor's interest CONTRACT PARTY
- State the term remaining TERMINATED BY ZIOSK
- List the contract number of any government contract \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- ZIOSK  
12404 PARK CENTRAL  
SUITE 350  
DALLAS TX 75251
- 2.150. Title of contract INSURANCE
- State what the contract or lease is for WORKERS' COMPENSATION
- Nature of debtor's interest INSURED
- State the term remaining 7/1/2019
- List the contract number of any government contract \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- ZURICH  
ONE LIBERTY PLZ  
165 BROADWAY  
NEW YORK NY 10006
- 2.151. Title of contract INSURANCE
- State what the contract or lease is for GENERAL LIABILITY
- Nature of debtor's interest INSURED
- State the term remaining 7/1/2019
- List the contract number of any government contract \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- ZURICH  
ONE LIBERTY PLZ  
165 BROADWAY  
NEW YORK NY 10006
- 2.152. Title of contract INSURANCE
- State what the contract or lease is for PROPERTY LIABILITY
- Nature of debtor's interest INSURED
- State the term remaining 7/1/2019
- List the contract number of any government contract \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- ZURICH  
ONE LIBERTY PLZ  
165 BROADWAY  
NEW YORK NY 10006
- 2.153. Title of contract INSURANCE
- State what the contract or lease is for AUTOMOBILE LIABILITY
- Nature of debtor's interest INSURED
- State the term remaining 7/1/2019
- List the contract number of any government contract \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- ZURICH  
ONE LIBERTY PLZ  
165 BROADWAY  
NEW YORK NY 10006

Debtor **CAFE ENTERPRISES, INC.**

Case number (if known) **18-05838**

2.154.	<b>Title of contract</b>	INSURANCE	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  ZURICH ONE LIBERTY PLZ 165 BROADWAY NEW YORK NY 10006
	<b>State what the contract or lease is for</b>	UMBRELLA LIABILITY	
	<b>Nature of debtor's interest</b>	INSURED	
	<b>State the term remaining</b>	7/1/2019	
	<b>List the contract number of any government contract</b>	_____	

**Fill in this information to identify the case:**

**Debtor name:** CAFE ENTERPRISES, INC.

**United States Bankruptcy Court for the:** District of South Carolina

**Case number (if known):** 18-05838

☐ Check if this is an amended filing

Official Form 206H

# **Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. CAFE HOLDINGS CORP ATTN ERIC EASTON	4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	ATALAYA ADMINISTRATIVE LLP AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. CAFE HOLDINGS CORP ATTN ERIC EASTON	4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	BENEFIT STREET PARTNERS, AS AGENT	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3. CE SPORTZ LLC ATTN ERIC EASTON	4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	ATALAYA ADMINISTRATIVE LLP AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. CE SPORTZ LLC ATTN ERIC EASTON	4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	BENEFIT STREET PARTNERS, AS AGENT	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5. CES GASTONIA LLC ATTN ERIC EASTON	4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	ATALAYA ADMINISTRATIVE LLP AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6. CES GASTONIA LLC ATTN ERIC EASTON	4324 WADE HAMPTON BLVD STE B TAYLORS SC 29687	BENEFIT STREET PARTNERS, AS AGENT	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name: CAFE ENTERPRISES, INC.

United States Bankruptcy Court for the: District of South Carolina

Case number (if known): 18-05838

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/10/2018  
MM/DD/YYYY

x

Signature of individual signing on behalf of debtor

Eric Easton  
Printed name

Chief Financial Officer  
Position or relationship to debtor